

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90143 006 ***150.00

DOCUMENT # F97000000596

1. Entity Name

AMERICAN ROAD COLLECTION, INC.

Principal Place of Business

**25 CIRCUIT AVE EXT
 PO BOX 3304
 OAK BLUFFS MA 02557**

Mailing Address

**9 OAK BLUFFS AVE.
 PO BOX 3304
 OAK BLUFFS MA 02557**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3342178**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, MICHAEL
 3901 NW 28TH ST
 MIAMI FL 33142**

Name

Street Address (P.O. Box Number is Not Acceptable)

1616 N FLORIDA MANGO ROAD A5

City

WEST PALM BEACH

FL

Zip Code

33409

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCVT	<input type="checkbox"/> Delete
NAME	WALLACE, MICHAEL R	
STREET ADDRESS	NEWTON AVE, BOX 3047	
CITY-ST-ZIP	OAK BLUFFS MA 02557	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALLACE, MICHAEL R	
STREET ADDRESS	NEWTON AVE, BOX 3047	
CITY-ST-ZIP	OAK BLUFFS MA 02557	
TITLE	DCV	<input type="checkbox"/> Delete
NAME	WALLACE, MARK K	
STREET ADDRESS	25 CIRCUIT AVE EXT, BOX 2057	
CITY-ST-ZIP	OAK BLUFFS MA 02557	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)