

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000000596

FILED
Feb 19, 2002 8:00 AM
Secretary of State

Entity Name: AMERICAN ROAD COLLECTION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1616 N FLORIDA MANGO RD #A-5
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 04-3342178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, MICHAEL
1616 N FLORIDA MANGO RD #A-5
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCVT () Delete
Name: WALLACE, MICHAEL R
Address: NEWTON AVE, BOX 3047
City-St-Zip: OAK BLUFFS, MA 02557

Title: S () Delete
Name: WALLACE, MICHAEL R
Address: NEWTON AVE, BOX 3047
City-St-Zip: OAK BLUFFS, MA 02557

Title: DCV () Delete
Name: WALLACE, MARK K
Address: 25 CIRCUIT AVE EXT, BOX 2057
City-St-Zip: OAK BLUFFS, MA 02557

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WALLACE

DCVT

02/19/2002

Electronic Signature of Signing Officer or Director

Date