

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F99000000060

1. Entity Name

CONSOLIDATED BILLING SYSTEMS, INC

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90068 027 ***150.00

Pr Consolidated Billing Systems, Inc. ng Address

100 E. Sample Rd.
Suite 100
Pompano Beach, FL 33064

2. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0848741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION GUARANTEE + TRUST CO.
11TH FLOOR, RODNEY SQUARE NORTH
11TH + MARKET STS
WILMINGTON, DE 19801

Name


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

City

FL

Zip Code

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)

NEIL P. SOLLINGER, PRESIDENT 4/14/00

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, 2000 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

TITLE PSDTC
NAME NEIL D. SOLLINGER
STREET ADDRESS 100 E. SAMPLE RD SUITE 100
CITY-ST-ZIP POMPAO BEACH, FL 33064

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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

NEIL P. SOLLINGER - PRESIDENT

Date

Daytime Phone #

954 7856500

CR2E034 (9/99)

649 0000050260

651745

Hampton, Tammy

From: Internet User [unidentified@ccfmtp.dos.state.fl.us]
Sent: Tuesday, April 11, 2000 12:39 PM
To: Corporations
Subject: Corporations Form Request

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MAIL TO:

. CONSOLIDATED BILLING SYSTEMS, INC.
. 100 EAST SAMPLE ROAD - SUITE 100
.
. POMPANO BEACH FL 33064

PHONE:954-785-6500

The forms you recently requested from this office are
(QUANTITY, NAME):

1 - 201 Profit Corp. UBR

Thank you for your request. Should you have any questions or need
any further information, please contact us at the address below.

Florida Department of State, Division of Corporations
P.O. Box 6327
Tallahassee FL 32314