2000 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2000 8:00 am Secretary of State DOCUMENT # **F99000005672** 02-11-2000 90007 046 ***150.00 FINE COLLECTIONS MANAGEMENT, INC. Mailing Address Principal Place of Business 1601 FORUM PLACE, SUITE 1002 1601 FORUM PLACE, SUITE 1002 LUUZU355 WEST PALM BEACH FL 33401-8105 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0948947 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 OFFICERS AND DIRECTORS 11. ☐ Change TITLE ☐ Delete LESSARD, MARK NAME STREET ADDRESS 1601 FORUM PLACE, SUITE 1002 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 A 1192 dst TITLE ☐ Change Delete TITLE REINACHER, STEVEN NAME NAME STREET ADDRESS 1601 FORUM PLACE, SUITE 1002 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change Delete TITLE TITLE ·LESSARD; LISA · - - = - - - - -NAME NAME STREET ADDRESS STREET ADDRESS 1601 FORUM PLACE, SUITE 1002 CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33401 □ : ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 indicated on this report or supplemental report is frile and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or discontinuous of the corporation or the receiver of Justee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

SIGNATURE:

of the corporation or the receiver of changed, or on an attachment with

Steven Reinacher, Sec. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

561-686-0302

Daylime Phone #

FILED