

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G70846

1. Entity Name

UNITED TRUST BILLING, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90062 027 \*\*\*150.00

Principal Place of Business

Mailing Address

2401 LANGLEY AVE  
 PENSACOLA FL 32504  
 US

2401 LANGLEY AVE  
 PENSACOLA FL 32524-1216  
 US

2. Principal Place of Business

245 W. Airport Blvd.

3. Mailing Address

PO Box 11216

Suite, Apt. #, etc.

Ste B

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32505

Country

USA

Zip

32524

Country

USA

4. FEI Number

59-2337034

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

KOLLARS, BERT  
 6300 N. DAVIS HWY.  
 PENSACOLA FL

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)

DATE

4-19-2K

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DST	<input type="checkbox"/> Delete
NAME	KOLLARS, BERT	
STREET ADDRESS	6300 N DAVIS HWY	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONROE, ART	
STREET ADDRESS	113 LAPALCO BLVD	
CITY-ST-ZIP	GRETNA LA	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOLLARS, CRAIG	
STREET ADDRESS	7891 CRESTWOOD BLVD.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLOVER, STEPHEN L.	
STREET ADDRESS	2886 MOLINO RD	
CITY-ST-ZIP	MOLINO FL 32577	
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 #

STEPHEN L. GLOVER 4-19-2K 850 470 4115