

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90211 047 ***150.00

DOCUMENT # H48719

1. Entity Name
PROFESSIONAL COLLECTION, INC.



Principal Place of Business
% **WILLIAM J. HALEY**
10 N. COLUMBIA ST.
LAKE CITY FL 32055

Mailing Address
P.O. BOX 1029
10 N. COLUMBIA ST.
LAKE CITY FL 32056-1029
US

2. Principal Place of Business
116 NW Columbia Ave

3. Mailing Address
P.O. Box 1029

Suite, Apt. #, etc.

116 NW Columbia Ave

City & State

City & State

4. FEI Number **59-1792266**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HALEY, WILLIAM J.
10 N. COLUMBIA ST.
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

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

116 NW Columbia Ave

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HALEY, WILLIAM J.
10 N. COLUMBIA ST.
LAKE CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BULLOCK, STEPHEN C
10 NORTH COLUMBIA STREET
LAKE CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BROWN, THOMAS W.
10 NORTH COLUMBIA ST.
LAKE CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBINSON, BRUCE W.
10 N. COLUMBIA ST.
LAKE CITY FL 32055

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM J. HALEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-3
Date

386 255 3213
Daytime Phone #

CR2E034 (10/02)