2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # H50483

1. Entity Name

PREFERRED COLLECTION AND MANAGEMENT SERVICES, IN

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 AM 8:15

800060569

Principal Place of Business	Mailing Address
1 DAVIS BLVD. P.O.BOX 2964 TAMPA FL 33601	1 DAVIS BLVD. P.O.BOX 2964 TAMPA FL 33601-2964

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2520795 ☐ 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
READ, PAUL D. 5401 WILKINS RD. TAMPA FL 33610	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD READ, PAUL D. 418 MONTROSE AVE TEMPLE TERRACE FL 33617	☐ Delete	VP PAMELA R GAFFORD 2208 ARBOR OAKS DR VALRICO, FL 33594	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST READ, PRISCILLA S. 418 MONTROSE AVE TEMPLE TERRACE FL 33617	☐ Delete	VP DAVID M KELLEY 530 GARRARD DR TEMPLE TERRACE, FL 33617	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600003299526--2 -06/21/00--01091--014 *****61.25	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	*****61.25	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

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. Priscilla S. Read 5-25-00

SIGNATURE: Priscilla S. Read 5-25-00 813-251-0802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

PRISCILLA S. READ