


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90068 015 ***150.00

DOCUMENT # H93037

1. Entity Name
COUNTY COLLECTION SERVICES, INC.



Principal Place of Business
**1136 HATTERAS CR
WEST PALM BEACH FL 33413
US**

Mailing Address
**POST OFFICE BOX 15553
WEST PALM BCH FL 33416
US**



2. Principal Place of Business
3902 BURNS RD

3. Mailing Address

Suite, Apt. #, etc.
#16

Suite, Apt. #, etc. **↑**

CHECK HERE IF MAKING CHANGES

City & State
PALM BEACH GARDENS, FL

City & State
SAKE

Zip
33410

Country
USA

Zip
SAKE

Country

4. FEI Number **65-0004225**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCARTHY, JAMES P.
1136 HATTERAS CIRCLE
WEST PALM BEACH FL 33413**

7. Name and Address of New Registered Agent

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. 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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME MCCARTHY, JAMES P.	
STREET ADDRESS P.O. BOX 15553 N/A	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE DSVP	<input type="checkbox"/> Delete
NAME HEGARTY, JAMES M.	
STREET ADDRESS P.O. BOX 1797	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE S	<input type="checkbox"/> Delete
NAME MCCARTHY, AMY	
STREET ADDRESS POST OFFICE BOX 15553	
CITY-ST-ZIP WEST PALM BCH FL 33416	
TITLE DT	<input type="checkbox"/> Delete
NAME MCCARTHY, REBECCA	
STREET ADDRESS P O BOX 15553	
CITY-ST-ZIP WEST PALM BEACH FL 33416	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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 an other like empowered.

SIGNATURE:  **PRESIDENT/DIRECTOR** 1/4/03 561-686-8693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)