

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K14532

FILED  
Feb 07, 2002 8:00 AM  
Secretary of State

Entity Name: RECEIVABLES SPECIALIST, INC.

## Current Principal Place of Business:

RSI  
8795 WEST MC NAB ROAD  
TAMARAC, FL 33321 US

## New Principal Place of Business:

RSI  
7200 WEST MC NAB ROAD  
TAMARAC, FL 33321 US

## Current Mailing Address:

RSI  
8795 WEST MC NAB ROAD  
TAMARAC, FL 33321 US

## New Mailing Address:

RSI  
7200 WEST MC NAB ROAD  
TAMARAC, FL 33321 US

FEI Number: 65-0029730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TOM LOMAX  
8795 W MCNAB RD  
C/O RSI  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

TOM LOMAX  
7200 W MCNAB RD  
C/O RSI  
TAMARAC, FL 33321 US

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: TOM LOMAX

02/07/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: SERKIN, HOWARD L.,  
Address: 8795 W MCNAB RD, #305  
City-St-Zip: TAMARAC, FL 33321

Title: DP ( ) Delete  
Name: LOMAX, THOMAS E.,  
Address: 8795 W MCNAB RD, #305  
City-St-Zip: TAMARAC, FL 33321

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition  
Name: SERKIN, HOWARD L.,  
Address: 7200 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: DP (X) Change ( ) Addition  
Name: LOMAX, THOMAS E.,  
Address: 7200 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM LOMAX

MT

02/07/2002

Electronic Signature of Signing Officer or Director

Date