## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # K67718** 1. Entity Name ADVANCED COLLECTIONS, INC. 02-03-2001 90041 042 \*\*\*150.00 Principal Place of Business Mailing Address 24 N.W. RACETRACK RD P O BOX 3026 FT.WALTON BCH FL 32547 FT. WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2944573 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, CHARLES W. Street Address (P.O. Box Number is Not Acceptable) 7 PEBBLE BEACH DR. SHALIMAR FL 32579 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition ☐ Delete TITLE ☐ Change COOPER, CHARLES W. NAME NAME 7 PEBBLE BEACH DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHALIMAR FL 32579 CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change ☐ Addition COOPER, ELLEN L NAME NAME 7 PEBBLE BEACH DR. STREET ADDRESS STREET ADDRESS SHALIMAR FL 32579 CITY-ST-ZIP CITY-ST-ZIP ☐-Delete -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01 Date 863-4704

Daytime Phone #