

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20124

1. Entity Name

A & R COLLECTIONS INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90119 041 ***158.75

Principal Place of Business

Mailing Address

7837 W SAMPLE RD
108 & 109
CORAL SPRINGS FL 33071

2139 UNIVERSITY DR. STE 229
CORAL SPRINGS FL 33071-6134

2. Principal Place of Business

3. Mailing Address

P.O. Box 8690

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

4. FEI Number

65-0144640

Applied For

Not Applicable

Zip

Country

Zip

Country

33075-8690 BROWARD

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

LEINWEBER, ANITA D
A & R SERVICES INC.
7837 WEST SAMPLE ROAD, ROOM 108
CORAL SPRINGS FL 33065

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

D
LEINWEBER, ANITA D.
2139 UNIVERSITY DR., #229
CORAL SPRINGS FL 33071

☐ Delete

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☐ Change ☐ Addition

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: *Anita D. Leinweber* **REQUIRED Pres**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00
Date

954-341-0027
Daytime Phone #

CR2E034 (9/99)