

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0091541 AV

DOCUMENT # L89342

1. Entity Name
CAPITAL GAINS COLLECTION SERVICE, INC.

04-09-2002 90061 009 ***150.00

Principal Place of Business
**P. O. BOX 940203
 MAITLAND FL 32794**

Mailing Address
**P. O. BOX 940203
 MAITLAND FL 32794**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2377413

Applied For
 Not Applicable

Zip Country

Zip Country

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

**JONES, R. SCOTT
 235 S. MAITLAND AVENUE
 SUITE 215
 MAITLAND FL 32751**

Name **Mark A. Friedland**
 Street Address (P.O. Box Number is Not Acceptable)
235 S. Maitland Ave.
Suite 215
 City **Maitland** **FL** Zip Code **32751**

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 *Mark A. Friedland*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/02

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, 2002 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 **PS** ☒ Delete
 NAME **JONES, R. SCOTT**
 STREET ADDRESS **5633 BRECKENRIDGE CIR**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE ☒ Change ☐ Addition
 NAME **Mark A. Friedland**
 STREET ADDRESS **235 S. Maitland Ave.**
 CITY-ST-ZIP **Maitland FL 32751**

TITLE ☐ Delete
 NAME **VT**
 STREET ADDRESS **FRIEDLAND, MARK A.**
 CITY-ST-ZIP **2613 CLEMENTON PARK COURT ORLANDO FL 32835**

TITLE ☒ Change ☐ Addition
 NAME **Mark A. Friedland**
 STREET ADDRESS **235 S. Maitland Ave.**
 CITY-ST-ZIP **Maitland FL 32751**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Date

(407) 539-2555

Daytime Phone #

CR2E034 (9/01)