

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90140 041 \*\*\*150.00

**DOCUMENT #** P00000026951  
**1. Entity Name**  
ASSOCIATED COMMERCIAL COLLECTIONS INCORPORATED



**Principal Place of Business**  
71 S DIXIE HWY STE 2  
ST AUGUSTINE FL 32084

**Mailing Address**  
71 S DIXIE HWY STE 2  
ST AUGUSTINE FL 32084

55030640



☒ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**  
5976 20th Street  
Suite, Apt. #, etc.  
223

**3. Mailing Address**  
5976 20th Street  
Suite, Apt. #, etc.  
# 223

**City & State**  
Vero Beach, FL  
**Zip**  
32966  
**Country**  
IRC

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**Zip**  
32966  
**Country**  
IRC

**4. FEI Number**  
59-3636604

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

OBERNIER, MARC T  
325 39th CT. S.W.  
325 39 COURT SW  
VERO BEACH FL 32968

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

*MARC T. Obernier 4-3-03*  
(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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> REINHALTER, MARGARET M P O BOX 063 VERO BEACH FL 32961	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 all other like empowered.**

**SIGNATURE:** *[Signature]* **4-3-03** **772-778-6694**  
Signature, typed or printed name of signing officer or director **DATE** **Daytime Phone**  
888-713-5447

CR2E034 (10/02)