

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045255

1. Entity Name
CHECK MATE CREDIT AND COLLECTION SERVICES INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90035 013 ***150.00

Principal Place of Business
16169 BISCAYNE BLVD
NORTH MIAMI FL 33160

Mailing Address
16169 BISCAYNE BLVD
NORTH MIAMI FL 33160

2. Principal Place of Business
100 E. Linton Blvd
Suite, Apt. #, etc.
Suite 301-B

3. Mailing Address
100 E. Linton Blvd
Suite, Apt. #, etc.
Suite 301-B

City & State
Delray Beach FL
Zip
33483 Country
USA

City & State
Delray Beach FL
Zip
33483 Country
USA

4. FEI Number
65-1006789

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

GILBEAU, TERRY
11669 BISCAYNE BLVD
NORTH MIAMI FL 33160

Name
TERRY Gilbeau
Street Address (P.O. Box Number is Not Acceptable)
100 E Linton Blvd
Suite 301-B
City
Delray Beach FL Zip Code
33483

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 **Terry L. Gilbeau** **2/28/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE President	<input type="checkbox"/> Delete
NAME TERRY L. Gilbeau	
STREET ADDRESS 100 E. Linton Blvd, Suite 301-B	
CITY-ST-ZIP Delray Beach FL 33483	
TITLE vice President	<input type="checkbox"/> Delete
NAME JENNIFER L. Gilbeau	
STREET ADDRESS 100 E. Linton Blvd, Suite 301-B	
CITY-ST-ZIP Delray Beach FL 33483	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **Terry L. Gilbeau, Pres** **2/28/2001**
Signature typed or printed name of signing officer or director Date Daytime Phone # **561/279-2404**

CR2E034 (10/00)