

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90298 038 ***150.00

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DOCUMENT # P00000045255

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



Principal Place of Business

~~100 E LINTON BLVD~~
~~STE 301-B~~
DELRAY BEACH FL 33483
US

Mailing Address

~~100 E LINTON BLVD~~
~~STE 301-B~~
DELRAY BEACH FL 33483
US

2. Principal Place of Business

75 NE 6th Ave, Ste 101
Suite, Apt. #, etc.

3. Mailing Address

75 NE 6th Ave, Ste 101
Suite, Apt. #, etc.



see change of address
☒ CHECK HERE IF MAKING CHANGES

City & State
DeLRAY Beach FL

City & State
DeLRAY Beach FL

4. FEI Number 65-1006789

Applied For
Not Applicable

Zip Country
33483 USA

Zip Country
33483 USA

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

~~100 E LINTON BLVD~~ 75 NE 6th Avenue, Ste 101
~~STE 301-B~~

DELRAY BEACH FL 33483

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 _____ (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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS GILBEAU, TERRY L
CITY-ST-ZIP 100 E LINTON BLVD STE 301-B 75 NE 6th Avenue, Ste 101
DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)