## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P01000004142 **DOCUMENT #**

1. Entity Name

AUTOMATED BILLING CENTER INC.



**FILED** Jan 21, 2003 8:00 am Secretary of State
01-21-2003 90491 029 \*\*\*150.00

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City & State	2. Principal Place of Business			3. Mailing Address								
Zip Country Zip Country S. Cardicate of Status Desired S. S. Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  STEDING, SHAVONNE M  SSED LAKEHURST DR STE 210  ORILANDO FL 32819  City FL Zin Code  Signature agent or registered agent, or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent, or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of registered agent. Or both, in the State of Florica. I sem familian with, and accept me obligations of regis	Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF	MAKING	CHANGES		
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Steel Address (**U. Box Number is Not Acceptable)    City   FL   Zip Code	STEDING	SHAVONNE M					- mbi					
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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.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.						<u> </u>						
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	12. i hereby o	ertify that the information supplied wi	th this filing	does not qualify for			Santian	110 07/3/6) Florido Statutos 15	thar acute	that the !-	of a remarking	

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:

401395-6688

. Daytime Phone #