5/2/2002-90053-030

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-02-2002 90053 030 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000014604

1. Entity Name
NATIONAL JUDGMENT COLLECTIONS, INC.

Principal Place of Business	Mailing Address
365 5TH AVE. SOUTH, SUITE 202 NAPLES FL 34102	365 5TH AVE. SOUTH, SUITE 202 NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2640 Golden Gate Parkway		2640 Golden Gate Parkway	
Suite, Apt. #, etc.: Suite 115		Suite, Apt. #, etc.: Suite 115	
City & State: Naples, FL 34105		City & State: Naples, FL 34105	
Zip: 34105	Country: USA	Zip: 34105	Country: USA

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAZZARD, WILLIAM J ESQ.
365 5TH AVE. SOUTH, SUITE 202
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name: J. Michael Coleman, Esq.
Street Address (P.O. Box Number is Not Acceptable): 2640 Golden Gate Parkway, Suite 115
City: Naples, FL FL Zip Code: 34105

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 [signature] 6-20-02
Signature, typed or printed name of registered agent and title if applicable. DATE
(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, 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	J. Michael Coleman Director 2640 Golden Gate Pkwy, Suite 115 Naples, FL 34105	[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (9/01)

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] CEO J. Michael Coleman 4/23/02 (239) 649-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #