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

COLLECTION SYSTEMS INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # PO1000105951

1. Entity Name

SIGNATURE:

FILED May 27, 2002 8:00 am Secretary of State 04-29-2002 90146 042 ***150.00

321-768-0209

Daytime Phone #

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,	DO NOT WRITE	IN THIS SI	PACE	3 0	9 4 4	
2. Principal Place of Business 1900 S. Hacker Csy Blvs 1900 S. Hacker			e Croy Blo			
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	CLIOT BLE		DO NOT WRITE IN THIS SPACE	
City & Star MECL	BOURNE Pl.	City & State NECBOVENE	FI	4. FEI Number	✓ Applied For Not Applicable	
32901	Country USA	Zip 3290/	Country USA	5. Certificate of Status Desired	Fee Required	
DO NOT WRITE IN THIS SPACE			Name Ichael J. Flux Street Address (P.O. Box Number is Not Acceptable) SUITE 225 City Cloure FL Zip Code 3290/			
8. The above	e named entity submits this statement for	the purpose of changing its				
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	Registered Agent signature re-	polired when reinstating)	5/10/02 DATE	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May Amended	ay 1 Fee is \$150.00 1, Fee is \$550.00 I UBR is \$61.25 le to Department of	10. Election Campaign f Trust Fund Contribut	- 40:00 May be	
11.	OFFICERS AND D	IRECTORS				
TITLE NAME STREET ADDRESS	MICHAEL J. PETRUM 1900 S. MARKER COTY BO		THTLE NAME STREET ADDRESS			
CITY-ST-ZIP TITLE	MECBOVANE F. 3296 VICE PRESIDENT	7 /	CITY-ST-ZIP TITLE			
NAME STREET ADDRESS CITY-ST-ZIP	1900 S. HARBOR CITY		NAME STREET ADDRESS			
TITLE	MELBOURNE Fl. 32	901	CITY-ST-ZIP	managamining ang mga mga mga mga mga mga mga mga mga mg		
name Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP	DO NOT	WRITE	
TITLE NAME Street address City-St-Zip			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
of the cor	ertify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empornt with an address, with all other like	ue and accurate and that my vered to execute this report	v einnatura ehall hava t	ha cama lagal offact as if made under	conthet had been an afficient at all and a line of	

المارية	ક્	.		4/29/2002-90146-042-\$150.00-\$150.00	
2002 UNIFORM B	USINESS-REPOR	RT (UBF	<u> </u>	Attachment	
	1000105951	$\overline{)}$		30944	
1. Entity Name NATIONAL COLLECTION SYST	EMS, INC.	. /	'		
\$	2				
Principal Place of Business					
- 9900 STUTLING FIGAD, GUITE 100	E-103 				
-000PER ONY FL 33024-	-GOOPER CITY PL 00024			(2007/01/11	
2. Principal Place of Business	3. Mailing Address	ans 11 -	Baras	t 16011001 MI 06591 HALL BEIN OSHA OSHA HALL OSHOT BILLO ISHG ISHG HALI 6001	
1900 S. Imabor C154 B. Suite Apt. #, etc. 2 2 5	Suite, Apt. #, etc. 225			DO NOT WRITE IN THIS SPACE	
City & State City & State		El.	4. FE! Number		
MECHOWANE 7. Zip Zip Zip Zip Country Li S. A.		Country	5. 0	Certificate of Status Desired Satus Desired Not Applicable Fee Required	•
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
		EDUTAR	TO LAYER IN dichael J. Petrun		
BRANAGAN, NAN C				Box Number is 1901 Acceptable)	
9900 STRELING ROAD, SUITE 103 COOPER CAST FL 33024	. 1900	<u>,</u>	a. w. v. v.		
OUDI EN ONN I E WART	CHV /	h - · · · -	FL Zip Code		
V . V	Amount from the management of the second	injeterad affice	bour no	<u> </u>	
. The above named entity submits this state	ement for the purpose of changing its re	Subremed office of	Alexies 60.9%	1. 1.1.	
SIGNATURE Signature typed or printed nerred of registr	arafled NOTE: R	Registered Agent signatu	ure required when re	11 VV 5/10/02 4/21/62 DATE	
9. This corporation is eligible to satisfy its In	stangible FILE NOW!!!	FEE IS \$150.0	00	10. Election Campaign Financing \$5.00 May Be	
Tax filing requirement and elects to do so (See criteria on back) >- 	After May 1, 2002 ☑ Make Check Payable	Fee will be \$5 to Department	550.00 t of State	Trust Fund Contribution. Added to Fees	
	RS AND DIRECTORS Delete	12.	MARIC	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u></u>
NAME BRANAGAN, NAN C	Leiena	NAME STREET ADDRESS	KREW	AGAN MAN O. 32963	4 (9
STREET ADDRESS 9900 STIPLING ROAD, St	STREET ADDRESS - 9900 STRPLING ROAD, SUITE 103		DOLLE	OCEPAL RYTON HARAL HON BONTH OF	2E034 (9/01)
TIME President/ Red	C. Acant Delete	CITY-ST-ZIP	anse dan		22
NAME Michael Thetre	70	NAME STREET ADDRESS	MICHAY	J. Pedrugity Alb. Ste . 225	
STREET ADDRESS 1990 S. Harbor C	180 S. Harbor City Blud Ste. 225		1900 S.	THATOOT CITY DIVO. STE . 225	
THE VICE President	32907 Delete	TITLE Y		resident Change Addition	
NAME - Eduard Laurt		NAME	EdWATO	HOCKATON BIN SIE. 225	ت ب
STREET ADDRESS 1900 S. Harbor C.	32900 STE. 200	CITY-ST-ZIP	Mel Bou	une fl. 32901	
TILE MICHAEL J. PE	Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS 19005. HARREN C	IN 6LID SEZZS	NAME STREET ADDRESS			
	3290/	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	•	STREET ADDRESS]	•	
CITY-ST-ZIP		C:TY-ST-ZIP			
TITLE	☐ Delete	TITLE NAME		☐ Change ☐ Addition !	
NAME STREET AODRESS		STREET ADDRESS		į	
CITY-ST-ZIP	ated cap at a con-	CRY-ST-ZIP	led in Santian	119 07/3Y(I) Florida Statutes I further certify that the information	
	report is true and accurate and that my			119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 11 or Block 12 if	
SIGNATURE:		<u> </u>		7 4/62 /a2 x 321-768-0209	>
SIGNATURE AND T	YPED OR PRINTED HAME OF SIGHING OFFICER OF	R DIRECTOR		Cate Daytime Phone #	