FILED

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

Jan 23, 2003 8:00 am **Secretary of State** P02000004402 DOCUMENT # 1. Entity Name 01-23-2003 90145 023 ***150.00 SSS COLLECTIONS, INC. Principal Place of Business Mailing Address 4900 N. FEDERAL HIGHWAY 4800 N. FEDERAL HIGHWAY SUITE-100-D --SUITE 100-0 BOGA-RATON FL 33431-BOCA RATON FL-23431 2. Principal Place of Business 3. Mailing Address 120 East Palmetto Park Road Suite, Apt. #, etc. Suite, Apt. #, etc. TO CHECK HERE IF MAKING CHANGES Suite 100 City & State City & State 4. FEI Number Applied For Not Applicable Boca Raton: 65 0564112 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIGALOS, GEORGE L ESQ. Street Address (P.O. Box Number is Not Acceptable) ~4000 N. FEDERAL HIGHWAY--SUITE 100-D --BOCA RATON FL 33431 BOCARATUN 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ™President Delete TITLE Michael W. Simon NAME NAME 120 East Palmetto Park Road STREET ADDRESS STREET ADDRESS Suite 100 CITY-ST-ZIP CITY-ST-7IP Boca Raton FL 33432 ☐ Addition ☐ Change ™vice President TITLE George L. Sigalos 120 East Palmetto Park NAME Treasurer STREET ADDRESS NAME SALET ADDRESS Suite 100 CITY-ST-ZIP CITY-ST-ZIP Boca Raton 33432 Anastasios Tom Spyredes Addition TITLE Change Wice President NAME Secretary NAME 120 East Palmetto Park Rd STREET ADDRESS **ad**reet address Suite 100 CITY-ST-ZIP CITY-ST-7IP Boca Raton FL TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

Cate Daytime Phone + SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP