

FILED
May 19, 2003 8:00 am
Secretary of State

04-23-2003 90298 040 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000049620

1. Entity Name
CHECKMATE CREDIT RECOVERY SERVICES INC.



Principal Place of Business
100 E. LINTON BOULEVARD
SUITE 301-A
DELRAY BEACH FL 33483

Mailing Address
100 E. LINTON BOULEVARD
SUITE 301-B
DELRAY BEACH FL 33483

33041713



2. Principal Place of Business

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

3. Mailing Address

75 NE 6th Avenue, 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
55-0830136

Applied For
Not Applicable

Zip ~~33483~~ Country USA

Zip 33483 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILBEAU, TERRY L
100 E. LINTON BOULEVARD
SUITE 301-B
DELRAY BEACH FL 33483
75 NE 6th Ave, Ste 101

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
TERRY L. GILBEAU
75 NE 6th Avenue, Ste 101
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DeLRAY Beach FL
33483
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

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CITY - ST - ZIP
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CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

11. 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

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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, not an other, like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)