2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000058229**

0496366 AV

1. Entity Name
MY COLLECTION SERVICES, INC

Principal Place of Business	Mailing Address
9325 SEMINOLE BLVD	9325 SEMINOLE BLVD
SEMINOLE FL 33772	SEMINOLE FL 33772

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number 91-2044138

| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
A1A CORPORATE SERVICES INC. 218 SOUTHERN COUNTRY LANE QUINCY FL 32351	Name *Sheryl N Feinman* Street Address (P.O. Box Number is Not Acceptable) *9325 Seminole Blvd* City *Seminole* FL Zip Code *33772*

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 *Sheryl N. Feinman* DATE 1/21/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME REINMAN, SHERYL N STREET ADDRESS 14047 JENNIFER TERRACE CITY-ST-ZIP LARGO FL 33774	☐ Delete	TITLE NAME *Feinman, Sheryl N* STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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.

SIGNATURE: *Sheryl Lee Reinman* 1/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #