FILED
May 23, 2003 8:00 am
Secretary of State
05-02-2003 90752 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/21

55043165

DOCUMENT # P02000091092

1. Entity Name
AMERICAN BILLING SERVICE OF JACKSONVILLE INTERN
4427 EMERSON ST, BLDG. 3, STE G
JACKSONVILLE, FL. 32207-4969

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4427 EMERSON ST.	SAME
Suite, Apt. #, etc. BLDG 3, STE G	Suite, Apt. #, etc.
City & State JACKSONVILLE, FL.	City & State
Zip 32207 Country USA	Zip Country

4. FEI Number 37-1439123 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: THOMAS C. PLEIMAN JR

Street Address (P.O. Box Number is Not Acceptable): 9471 BAYMEADOWS RD.

SUITE 308

City: JACKSONVILLE FL Zip Code: 32256

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	JOHN HOBLIT
STREET ADDRESS	POB 5310
CITY-ST-ZIP	JAX FL 32247
TITLE	V. P.
NAME	Maureen HOBLIT
STREET ADDRESS	POB 5310
CITY-ST-ZIP	JAX FL 32247

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/30/3 904-399-3818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)