

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91487 027 ***158.75

DOCUMENT # P10702

1. Entity Name

DIVERSIFIED COLLECTION SERVICES, INC.

Principal Place of Business

**555 MCCORMICK STREET
 SAN LEANDRO CA 94577**

Mailing Address

**P.O. BOX 5031
 UNION CITY CA 94587
 US**

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

94-2370483

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 8751 W BROWARD BLVD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	CD TRACEY, JAMES B.A. 3511 COUNTRY CLUB PLACE DANVILLE CA 94506 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEACH, HAROLD T JR. 20 DEER CREEK LANE DANVILLE CA 94506 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WAHEED, FEROZE A 28 VALLECITO LANE ORINDA CA 94563 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOSER, RONALD T 4299 QUAIL RUN LANE DANVILLE CA 94506 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUBER, DALE R 3228 PICADILLY COURT PLEASANTON CA 94588 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feroze A Waheed, Treasurer/CFO

(510)338-2333

Date

Daytime Phone #

CR2E034 (9/01)