## **2001 UNIFORM BUSINESS REPORT (UBR)**

| TAMPA COLLECTIONS, INC.  FILE D  O1 MAY -1 PH 2: 42  SECRETARY OF STATE TALLAHASSEE, FLORIDA  Maling Address SURF 200 TAMPA R. 3002  2. Principal Place of Business Sulfix 200 TAMPA R. 3002  2. Principal Place of Business Sulfix 200 TAMPA R. 3002  3. Maling Address Sulfix 200 TAMPA R. 3002  3. No State Sulfix 200 TAMPA R. 3002  3. Country Sulfix 200 TAMPA R. 3002  City & State Sulfix 200 TAMPA R. 3002  City Sulfix 200 TAMPA R. 3002  TAMPA R. 3002  City Sulfix 200 TAMPA R.                          | DOCU                           | MENT # P930000   | 43234   |  |                   |   |                                 |  |   |   |                          |  |
|---|--------------------------------|--|---|--|-------------------|---|---------------------------------|--|---|---|--------------------------|--|
| Principal Page of Business On it PRAYUM STREET On it Principal Page of Business On it Page of Business O                          | 1. Entity Name                 |  |   |  |                   |   | FILED                           |  |   |   |                          |  |
| Pintingsial Place of Business on RPANKUN STREET SUITE 200 TAMPA R, 30002  2. Principal Place of Business Suite, Act. #, etc. #                          | IAIVIFA                        | COLLECTIONS, INC.  |   |  |                   |   |                                 |  |   |   |                          |  |
| TAMPA FL 38022  TAMPA FL 38022  TAMPA FL 38022  TAMPA FL 3802  TAMPA FL 38022                           | Principal Place                | on of Rusingse   | Mailing Address   |  |                   | _   |                                 | SECOUTIAN  | ı rı  | 1 2: 42                                   |                          |  |
| TAMPA FL 38022  TAMPA FL 38022  TAMPA FL 38022  TAMPA FL 3802  TAMPA FL 38022                           | 201 N. FRANKLIN STREET         |  | 201 N. FRANKLIN STREET                                      |  |                   |   |                                 | TALLAHAS   | Y OF S  | STATE                                     |                          |  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City &                           | Suite 2600<br>Tampa FL 33602   |  |   |  |                   |   |                                 | 7.1.70   | ) ( . ( . )                                       | LUKIDA                                    |                          |  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City &                           |                                |  |   |  |                   |   | : 1 <b>03</b> )1 <b>11</b> 1111 | 18188 (1111) <b>89</b> (11 <b>88</b> (11 <b>88</b> | )) <b>80</b> ))) <b>81</b> 0)                     | 1 <b>4</b> 3553 <b>4</b> 11 <b>188</b> (1 | 11) <b>6) 6</b> ) 1883   |  |
| City & Siste    City & Siste   City                           | 2. Principal Place of Business |  | 3. Mailing Address  |  |                   |   |                                 |  |   |   |                          |  |
| Role Applicable   Security   Signature   Security   Se                            | Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.   |  |                   |   | DO NOT WRITE IN THIS SPACE      |  |   |   |                          |  |
| Exp   | City & State                   |  | City & State  |  | 4. F              | El Number                                   | 59-3204128                      |  | _ <del>                                    </del> |   |                          |  |
| S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The Address of New Registered Agent  9. The Address of New Registered                          | Zip Country                    |  | Zip Country   |  |                   |   |                                 | Otto David   |   |   |                          |  |
| SCHIFINO, WILLIAM J JR. 201 N. FRANKLIN STREET SUITE 2600 TAMPA FL 33602  City FL Zip Code  City FL Zi                          | ·                              | C. Nove and Address of Courant D   | nabele and A sent   | i<br><del>-</del>                                |                   |   |                                 |  |   | Fee Require                               | d                        |  |
| 201 N. FRANKLIN STREET SUITE 2600 TAMPA FL 33602  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, Need or please 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, Need or please named entity as Intangular and the it appetitable.  Part in corporation is eligible to satisty as Intangular and the it appetitable.  PILLE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  NAME  SCHIFTING, WILLIAM J. J.  TILE  OFFICERS AND DIRECTORS  SIRET ADDRESS  OITY-S1-7P  INVE  DIRECTORS  SIRET ADDRESS  OITY-S1-7P  TAMPA FL  Delete  MANGIONE, RALPH P.  SIRET ADDRESS  OITY-S1-7P  TAMPA FL  Delete  TILE  MANGIONE, RALPH P.  SIRET ADDRESS  OITY-S1-7P  TAMPA FL  Delete  TILE  MANGIONE, RALPH P.  SIRET ADDRESS  OITY-S1-7P  TAMPA FL  Delete  TILE  MANGIONE, RALPH P.  SIRET ADDRESS  OITY-S1-7P  TAMPA FL  Delete  TILE  MANGIONE, RALPH P.  SIRET ADDRESS  OITY-S1-7P  TAMPA FL  Delete  TILE  MANGIONE, RALPH P.  SIRET ADDRESS  OITY-S1-7P  TAMPA FL  Delete  TILE  MANGIONE, RALPH P.  SIRET ADDRESS  OITY-S1-7P  TAMPA FL  Delete  TILE  MANGIONE, RALPH P.  SIRET ADDRESS  OITY-S1-7P  TAMPA FL  Delete  TILE  MANGIONE, RALPH P.  SIRET ADDRESS  OITY-S1-7P  TAMPA FL  Delete  TILE  MANGIONE, RALPH P.  SIRET ADDRESS  OITY-S1-7P  TAMPA FL  Delete  TILE  MANG                          | <del>_</del> _                 |  | gistered Agent  |  | Vame              |   | ane and Ac                      | idress of New Reg                                  | ISIEI EU A  | gent                                      |                          |  |
| SUITE 2600 TAMPA FL 33602  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  SUMMITS, speed or picked name of legistered agent and the Illepolicate  PATA Tilling requirement and electits to do so.  After MAY 1, 201 Fee will be \$550.00  TILLE  DEFICERS AND DIRECTORS  SIRET ADDRESS  SIRET ADDRESS  CITY ST-2P  TAMPA FL  Defelde  TILLE  NAME  SIRET ADDRESS  CITY ST-2P  TAMPA FL  Change Addition  MAKE  SIRET ADDRESS  CITY ST-2P  TILLE  NAME  SIRET ADDRESS  CITY ST-2P  TILLE  Defelde  TILLE  NAME  SIRET ADDRESS  CITY ST-2P  TILLE  NAME  SIRET ADDRESS  CITY ST-2P  TILLE  Defelde  TILLE  NAME  SIRET ADDRESS  CITY ST-2P  TILLE  NAME  SIRET ADDRESS  CITY ST-2P  TAMPA FL  Change |                                |  |   | ) <u> </u>                                       | Street Addre      | Address (P.O. Box Number is Not Acceptable) |                                 |  |   |   |                          |  |
| 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  Supposed or private name of registered agent and title ill applicable.  PROTE Registered Agent, or both, in the State of Florida.  PATE  9. This corporation is elligible to satisfy its Intangible Task fling requirement and elects to do so.  (See criteria on back)  Task fling requirement and elects to do so.  (See criteria on back)  TILE  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Election Campaign Financing Trust Fund Contribution.  SCHIFINO, WILLIAM J. J.  STREET ADDRESS  CITY-ST-2P  TITLE  D  CHANGE  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  D  MANGIONE, RALPH P.  STREET ADDRESS  CITY-ST-2P  MANGIONE, RALPH P.  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  MANGE  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  MANGE  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  D Deldle  TITLE  MANGE  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  D Deldle  TITLE  MANGE  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  D Deldle  TITLE  MANGE  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  D Deldle  TITLE  MANGE  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  D Deldle  TITLE  MANGE  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  MANGE  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  MANGE  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  MANGE  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  MANGE  STREET ADDRESS  CITY-ST-2P  TAMPA FL  TITLE  TAMPA FL                           |                                |  | •   |  |                   |   | <del>-</del>                    |  |   |   |                          |  |
| 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  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) elect of oso. (See criteria on back) elect of so. (See criteria on back) elected on back elected on bac                          | TAM                            | PA FL 33602  |   | <del>                                     </del> | City              |   |                                 |  | E1  | Zip Cod                                   | <br>e                    |  |
| SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax-filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. Election Campaign Financing Story added to Fees A                          |                                |  |   |  | <u> </u>          |   |                                 |  |   | 1   | <del>-</del>             |  |
| 9. This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ADDRESS TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS INTER ADDRESS TO OFFICERS AND DIRECTORS                           | 8. The above                   | e named entity submits this statement for t  | ne purpose of changing its i                                | registerea c                                     | office or regi    | istered age                                 | ent, or both, i                 | n the State of Florid                              | ıa.   |   |                          |  |
| Tax filing requirement and elects to do so. (See criteria on back)  Atter MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DSCHIFINO, WILLIAM J. J. STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P  TITLE  D O Oblete  TITLE  D OBLET  TITLE  D OBLET  TAMPA FL  TAMP                         | SIGNATURE                      | Signature, typed or printed name of registered agent and                                     | little if applicable. (NOTE:                                | : Registered Age                                 | ent signature req | quired when rei                             | nstating)                       | <u> </u>   | DATE  | <del></del>                               |                          |  |
| Trust Fund Contribution.   Added to Fees (See criteria on back)   Make Check Payable to Department of State    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE   D   |                                |  |   | ! FEE IS   | \$150.00          |   | 10 Flection                     | on Campaign Finan                                  | cina  | \$5.0                                     | Λ May Bo                 |  |
| TITLE ITILE SCHIFINO, WILLIAM J. J STREET ADDRESS CITY-ST-ZIP TITLE D WILLIAMS, ROBERT V. STREET ADDRESS CITY-ST-ZIP TITLE D STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE D STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET AD                          |                                |  |   |  |                   |   |                                 |  |   |   |                          |  |
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| STREET ADDRESS CITY-ST-ZIP TITLE D D Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE D D DELETE TAMPA FL TITLE D STEADY, SCOTT I. SIRECT ADDRESS CITY-ST-ZIP TITLE D STEADY, SCOTT I. SIRECT ADDRESS CITY-ST-ZIP TITLE NAME SIRECT ADDRESS CITY-ST-ZIP  |                                | <del>-</del>   | ☐ Delete  | 1  |                   | : -   | 60                              | -05/04/0   | )1U)  | IA VIER                                   | J2T                      |  |
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| TITLE NAME MANGIONE, RALPH P. 3908 CORONA CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | STREET ADDRESS                 | 2901 STOVALL PLACE   |   |  |                   |   |                                 |  |   |   |                          |  |
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| CITY-ST-ZIP  TAMPA FL  CITY-ST-ZIP  TITLE NAME STREADY, SCOTT I. STREET ADDRESS CITY-ST-ZIP  TAMPA FL  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CHange Addition Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  | NAME                           | l <del></del>  | Delete  |  |                   |   |                                 |  |   | onango                                    |                          |  |
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| CITY-ST-ZIP  | NAME                           |  |   |  |                   |   |                                 |  |   |   |                          |  |
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| CITY-ST-ZIP CITY-ST-ZIP   | NAME                           |  |   |  | ADDECC            |   | √.<br>Úr                        | 170  |   |   | i                        |  |
|   | CITY-ST-ZIP                    |  |   |  | I                 |   | 黄                               | 1 80   |   |   |                          |  |
| 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 officier or direction of the comparison of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 or Block                             | 13. I hereby o                 | pertify that the information supplied with the on this report or supplemental report is true | is filing does not qualify for the and accurate and that me | the exempt                                       | ion stated in     | Section 1                                   | 19.07(3)(i).*F                  | Torida Statutes. I fu                              | rther certi                                       | fy that the in                            | formation<br>or director |  |

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

SIGNATURE:

Scott I. Steady, Director 4/30/01 (813) 221-2626

Date Despirite Pricing #