

# 2001 UNIFORM BUSINESS REPORT (UBR)

0625153

DOCUMENT # P93000043234

1. Entity Name  
TAMPA COLLECTIONS, INC.

FILED

01 MAY -1 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
201 N. FRANKLIN STREET  
SUITE 2600  
TAMPA FL 33602

Mailing Address  
201 N. FRANKLIN STREET  
SUITE 2600  
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3204128

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

SCHIFINO, WILLIAM J JR.  
201 N. FRANKLIN STREET  
SUITE 2600  
TAMPA FL 33602

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SCHIFINO, WILLIAM J. J.  
STREET ADDRESS 2408 SO. DUNDEE ST.  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME **600004136126**  
STREET ADDRESS **-05/04/01--01871--021**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE D ☐ Delete  
NAME WILLIAMS, ROBERT V.  
STREET ADDRESS 2901 STOVALL PLACE  
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete  
NAME MANGIONE, RALPH P.  
STREET ADDRESS 3908 CORONA  
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete  
NAME STEADY, SCOTT I.  
STREET ADDRESS 3813 BARCELONA ST.  
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott I. Steady, Director 4/30/01

(813) 221-2626

Date

Daytime Phone #

CR2E034 (10/00)