

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042483

1. Entity Name

ATLANTIC COLLECTION SERVICES, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90095 017 ***150.00

Principal Place of Business

Mailing Address

2240 NW 70TH AVENUE
UNIT D
DAVIE FL 33317
US

2240 NW 70TH AVENUE
UNIT D
DAVIE FL 33317-7112
US

2. Principal Place of Business

3. Mailing Address

2240 SW 70th Avenue
Suite, Apt. #, etc.

2240 SW 70th Avenue
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0583285

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

ZALESKY, MICHELE
3804 PINE LAKE DR
FT. LAUDERDALE FL 33332

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, 2000 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 PD ☐ Delete
NAME ZALESKY, MICHELE
STREET ADDRESS 2240 NW 70TH AVENUE, UNIT D
CITY-ST-ZIP DAVIE FL 33317

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3300 NE 192nd St. # 1109
CITY-ST-ZIP Aventura Florida 33180

TITLE DST ☐ Delete
NAME KING, BARBARA Z
STREET ADDRESS 3804 PINE LAKE DR
CITY-ST-ZIP FT. LAUDERDALE FL 33332

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14820 Poplar Hill Road
CITY-ST-ZIP Darnestown MD 20874

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Michele Zalesky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Day

954.723.0275

Daytime Phone #

CR2E034 (9/99)