

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90119 047 ***150.00

DOCUMENT # P94000071459

1. Entity Name

PROFESSIONAL BILLING AND COLLECTION SERVICES, IN

A0039854



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

631 US HIGHWAY ONE
 SUITE 205
 NORTH PALM BEACH FL 33408

631 US HIGHWAY ONE
 SUITE 205
 NORTH PALM BEACH FL 33408-4620

2. Principal Place of Business

3. Mailing Address

631 US HIGHWAY ONE, Suite 301
 North Palm Beach

631 US HIGHWAY ONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

Suite 301

City & State

City & State

NORTH PALM BEACH, FL

NORTH PALM BEACH, FL

Zip

Country

Zip

Country

33408

FL

33408

FL

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0523946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

D
 ROSEN, GREGG M
 631 US HIGHWAY ONE, #205
 NORTH PALM BEACH FL 33408

TITLE
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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

Date

Daytime Phone #

4-7-00 561-8446900