## **2003 FOR PROFIT CORPORATION**

UN	IIFORM BUSINE	SS REPOR	T (UBR	)	Compton	S C C 4 3 4	4111 •	
DOCUMENT # P9500067540  1. Entity Name TTTI COLLECTION CORPORATION					Secretary of State 04-15-2003 90295 001 *1,050.00			
Principal Place of Business 5401 WEST KENNEDY BLVD STE 751 TAMPA FL 33609 US 2. Principal Place of Business		Mailing Address  # JOEL B. GILES  P.O. BOX 2861  ST PETERBURG FL 33731-2861  US  3. Mailing Address  c/o Greg Morris						
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.  2325 Ulmerton Rd., Ste. 20 City & State			CHECK HERE IF MAKING CHANGES  4. FEI Number 59-3331949 Applied For Not Applicable			
Zip	Country	Clearwater, F	Country	-	5. Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Register	red'Agent		
GILES, JOEL B 200 CENTRAL AVENUE STE 2300 ST. PETERSBURG FL 33701			Str 77.	2325	TTTI Collection Corporation  O Greg Morris  2325 Ulmerton Road, Ste. 20 Clearwater, FL. 33762  Zip Code - 33602-5730			
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Joel B. Giles  April 9, 2003  Eignature, type or printed name of registered agent and title it applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing  Trust Fund Contribution  Added to Fees								
Make Checi	Payable to Florida Department of	State			Maser and Generousers.	_ //4004	101003	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WOOD, RENE' M 5401 W KENNEDY BLVD SUITE 75 TAMPA FL 33609	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Morris, Greg 2325 Ulmerton Road Ste 20 Clearwater FL 33762	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Morri	is, Gregory D.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	[=] · Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change Change	Addition	
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12. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee ampower or on an attackment with an address, with an address, where the content is the content of the c	his filing does not qualify for true and accurate and that my vered to execute this report a th all other like empowered.	he exemption stat y signature shall ha s required by Cha	ed in Section ave the same of the same of	on 119.07(3)(i), Florida Statutes. I further ne legal effect as if made under oath; tha lorida Statutes; and that my name appea	certify that the inf at I am an officer o ars in Block 10 or f	ormation ir director Block 11 if	

SIGNATURE:

Mue Lec SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rene' M. Wood, President

April \_\_\_\_\_\_\_, 2003 Daytime Phone #