

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90133 020 \*\*\*150.00

**DOCUMENT # P95000070401**  
1. Entity Name  
**AFFILIATED COLLECTION SERVICE OF FLORIDA, INC.**



Principal Place of Business  
~~1090 KAPP DRIVE~~  
**CLEARWATER FL 33765**  
**US**

Mailing Address  
**P.O. BOX 3596**  
**CLEARWATER FL 33707**  
**US**

2. Principal Place of Business  
**1375 W. HARRISON**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 3596**  
Suite, Apt. #, etc.

City & State  
**CLEARWATER**

City & State  
**CLEARWATER**

4. FEI Number  
**59-3332986**

Applied For  
Not Applicable

Zip  
**33756** Country  
**USA**

Zip  
**33767** Country  
**USA**

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**

**BURIAN, CARL B**  
~~640 S. BAYWAY BLVD., #102~~ **1430 GULF BLVD**  
**CLEARWATER FL 33767** **#107**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carl Burian* **Carl Burian**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**1-6-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BURIAN, CARL B</b> <b>640 S. BAYWAY BLVD., #102</b> <b>CLEARWATER FL 34630</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>DELORES P BURIAN</b> <b>640 S BAYWAY BLVD 102</b> <b>CLEARWATER FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-</b> <b>STEPHEN E WILLIAMS</b> <b>130 MARINA DEL REY CT</b> <b>CLEARWATER FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Carl Burian* **Carl Burian**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-03 727-466-0772**  
Date Daytime Phone #

CR2E034 (10/02)