

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012870

1. Entity Name

BILLING SOURCE, INCORPORATED

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90012 007 ***150.00

Principal Place of Business

2001 9TH AVENUE
 SUITE 201
 VERO BEACH FL 32960

Mailing Address

2001 9TH AVENUE
 SUITE 201
 VERO BEACH FL 32960-6415

2. Principal Place of Business

13850 US HWY ONE

3. Mailing Address

13850 US HWY ONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebastian

City & State

Sebastian

4. FEI Number

65-0644446

Applied For

Not Applicable

Zip

Country

32958

Indian River

Zip

Country

32958

Indian River

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

WELTER, PETER
 1867 20TH AVENUE
 VERO BEACH FL 32960

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 ☐ Delete
 NAME D
 STREET ADDRESS WELTER, PETER
 CITY-ST-ZIP 1867 20TH AVENUE
 VERO BEACH FL 32960-2

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

5617709303

Date

Daytime Phone #

CR2E034 (9/99)