

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103488

1. Entity Name

COLLECT-US.COM, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90310 026 ***150.00

Principal Place of Business

559 SOUTH COUNTRY CLUB ROAD
LAKE MARY FL 32746

Mailing Address

559 SOUTH COUNTRY CLUB ROAD
LAKE MARY FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Seminole

Zip

Country

Seminole

6. Name and Address of Current Registered Agent

ROSIER, JOSEPH A
559 SOUTH COUNTRY CLUB ROAD
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

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

City

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 (Applicable)

(NOTE: Registered Agent's signature required when redesigning)

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, 2001 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

TITLE	PT	☐ Delete
NAME	ROSIER, SARABECCA	
STREET ADDRESS	559 S. COUNTRY CLUB ROAD	
CITY-STATE-ZIP	LAKE MARY FL	
TITLE	VPT	☐ Delete
NAME	ROSIER, JOSEPH A.	
STREET ADDRESS	559 S. COUNTRY CLUB ROAD	
CITY-STATE-ZIP	LAKE MARY FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Sarabecca Rosier, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01
Date

407 328-7669
Daytime Phone

CR2E034 (10/00)