

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90066 001 ***150.00

0085691 AV

DOCUMENT # P97000053625

1. Entity Name
DNT COLLECTION, INC.



Principal Place of Business
**8221 GLADES ROAD
SUITE 101
BOCA RATON FL 33434**

Mailing Address
**8221 GLADES ROAD
SUITE 101
BOCA RATON FL 33434**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0762013**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PD POTAPOV, TIMOFEI 8221 GLADES ROAD BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD POTAPOVA, NATALIA 8221 GLADES ROAD BOCA RATON FL 33434	<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"/> Delete
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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
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T Potapov 08.20.03

Date Daytime Phone #

CR2E034 (4/03)

ATTACHMENT
#P97000053625
80141700

DNT COLLECTION, INC.
8221 GLADES ROAD
SUITE 101
BOCA RATON, FL 33434

August 25, 2003

RE: UNIFORM BUSINESS REPORT

TO-WHOM IT-MAY CONCERN,

WE RECENTLY RECEIVED THIS 2003 PROFIT CORPORATION
UNIFORM BUSINESS REPORT AND ARE A BIT CONFUSED. THIS
REPORT INDICATES THAT OUR FILING IS LATE WHEN IN FACT
THIS IS THE FIRST REPORT THAT WE HAVE RECEIVED.

WE ARE LOCATED IN A JEWELRY MALL AND SOMETIMES THE
MAIL IS NOT DIRECTLY RECEIVED.

WE ASK, AT THIS TIME AFTER REVIEWING OUR PAST FILINGS,
THAT YOU ACCEPT OUR CHECK FOR THE ORIGINAL AMOUNT AS
PER OUR TELEPHONE CONVERSATION WITH YOUR OFFICE.

RESPECTFULLY,

TIMOFEI POTAPOV