

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90041 006 \*\*\*150.00

0404876  
 AV

**DOCUMENT # P98000012645**

1. Entity Name

**PORTFOLIO RECEIVABLES MANAGEMENT CORP.**

Principal Place of Business

**1499 W PALMETTO PARK ROAD  
 SUITE 312  
 BOCA RATON FL 33486  
 US**

Mailing Address

**1499 W PALMETTO PARK ROAD  
 SUITE 312  
 BOCA RATON FL 33486  
 US**

2. Principal Place of Business

**200 Congress Park Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**210**

City & State

**Delray Beach, FL**

Zip

**33445**

Country

**USA**

6. Name and Address of Current Registered Agent

**GILL, SHARON A**

**1499 W PALMETTO PARK ROAD**

**SUITE 312**

**BOCA RATON FL 33486**

Name

**GILL, SHARON A**

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

**200 Congress Park Drive # 210**

City

**Delray Beach**

FL

Zip Code

**33445**

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

**4/18/02**

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, 2002 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 **PTSD** ☐ Delete  
 NAME **GILL, SHARON A**  
 STREET ADDRESS **1499 W PALMETTO PARK RD, SUITE 312**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☒ Change ☐ Addition  
 NAME **GILL, SHARON A**  
 STREET ADDRESS **200 Congress Park Drive # 210**  
 CITY-ST-ZIP **Delray Beach, FL 33445**

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02**

Date

**561-843-0830**

Daytime Phone #

CR2E034 (9/01)