

2000 UNIFORM BUSINESS REPORT (UBR)

48192

DOCUMENT # P98000095971

1. Entity Name

AB COLLECTION, INC.

FILED

00 AUG -9 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1800 2ND ST., STE. 720
SARASOTA FL 34236

Mailing Address

1800 2ND ST., STE. 720
SARASOTA FL 34236

2. Principal Place of Business

22 South Links Ave.
Suite, Apt. #, etc.
Ste. 300

3. Mailing Address

P.O. Box 3948

Suite, Apt. #, etc.

City & State

Sarasota, FL 34236

City & State

Sarasota, FL

Zip

Country

USA

Zip

34230-3948

Country

USA

4. FEI Number

65-0880019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNLAP, SCOTT W
1800 2ND ST., STE. 720
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

DUNLAP, SCOTT W.

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

22 South Links Ave.

Ste. 300

City

Sarasota

FL

Zip Code

34236

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 of registered agent or printed name of registered agent and title if applicable

Scott W. Dunlap

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	MORAN, JOHN A	
STREET ADDRESS	1800 2ND ST., STE. 720	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNLAP, SCOTT W	
STREET ADDRESS	1800 2ND ST., STE. 720	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JOHN A.	
STREET ADDRESS	22 So. Links Ave., Ste. 300	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, SCOTT W.	
STREET ADDRESS	22 So. Links Ave., Ste. 300	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

8/7/00

941-366-0115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Moran, Director

Date

Daytime Phone #

CR2E034 (5/00)

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DUNLAP & MORAN, P.A.
22 South Links Ave., Ste. 300
Sarasota, FL 34236
(941) 366-0115

August 7, 2000

4400-1

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: **AB Collection, Inc.**
2000 Uniform Business Report

Dear Sir/Madam:

Pursuant to instructions from your office, please be advised that the original 2000 Uniform Business Report, formerly known as an "Annual Report" in connection with the above-referenced corporation, was never received at the principal place of mailing. I have been informed by your agency that your records reflect that it was returned as "undeliverable." Therefore, please accept the **enclosed** application to be filed without any penalties, and/or late fees.

Thank you very much.

Very truly yours,



John A. Moran, Director

JAM:msb\4400-1\DIV OF CORP - FILE UBR
Enclosure