

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102358

1. Entity Name

APPLIED BILLING & COLLECTIONS, INC.

FILED

Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90119 034 ***150.00

Principal Place of Business

Mailing Address

17994 SW 97TH AVE.
MIAMI FL 33157

17994 SW 97TH AVE.
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0968252

Applied For

Not Applicable

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

RYAN, DAVID P ESQ.
2655 LEJEUNE RD., SUITE 804
CORAL GABLES FL 33134

Name

Lindsay Travis

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

17994 SW 97 AV

City

Miami

FL

Zip Code

33157

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

Lindsay Travis

Lindsay Travis Treasurer

2-24-00

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	President	<input type="checkbox"/> Delete
NAME	Lawrence R. Medearis	
STREET ADDRESS	17994 SW 97 AV	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Lindsay E. Travis	
STREET ADDRESS	17994 SW 97 AV	
CITY-ST-ZIP	Miami, FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

Lindsay Travis Lindsay Travis

2-29-00

305-969-9011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF E034 (9/99)