

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S50187

1. Entity Name

AMERICAN BUSINESS CREDIT CORPORATION

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90246 042 ***150.00

Principal Place of Business

11201 DANKA CIRCLE NORTH
CORP. TAX
ST. PETERSBURG FL 33716

Mailing Address

11201 DANKA CIRCLE NORTH
CORP. TAX
ST. PETERSBURG FL 33716-3712

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

11201 DANKA CIRCLE NORTH

Suite, Apt. #, etc.

TAX DEPARTMENT

ST. PETERSBURG, FL

Zip

33716-3712

Country

United States



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3066163

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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 PD
NAME SWITZER, LARRY K
STREET ADDRESS 11201 DANKA CIRCLE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33716 ☐ Delete

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

TITLE DV
NAME MERRIMAN, BRIAN L
STREET ADDRESS 11201 DANKA CIRCLE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33716 ☐ Delete

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

TITLE V
NAME AMBLARD, MICHEL
STREET ADDRESS 11201 DANKA CIRCLE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ Delete

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

TITLE SVD
NAME BERG, DAVID P
STREET ADDRESS 11201 DANKA CIR N
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ Delete

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

TITLE VD
NAME WOLFINGER, F M
STREET ADDRESS 11201 DANKA CIRCLE N
CITY-ST-ZIP SAINT PETERSBURG FL 33716 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME WOLFINGER, F. MARK
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME BERRY, L J
STREET ADDRESS 11201 DANKA CIRCLE N
CITY-ST-ZIP SAINT PETERSBURG FL 33716 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME BERRY, L. JEAN
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:

L. Jean Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00 (727) 568-4262
Date Daytime Phone #

CR2E034 (9/99)