**STATE OF FLORIDA**
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

# DELINQUENT ACCOUNT REPORT

**DBPR Form**
**ABT-6034**
**09/2010**

| **Distributors Name:** | **Delinquent Report Date:** |
|---|---|

| **License No:** | **Telephone#:** | **Fax #:** |
|---|---|---|

| License Number | Business Name | Owner's Name | Invoice Number | Gross Invoice Amount | Invoice Date | Pool Order |
|---|---|---|---|---|---|---|
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |
| | | | | | | ☐ |

**Auth. 61A-3.035 & 61A-3.049, FAC**

Eff. 11/16/2010