

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
DELINQUENT ACCOUNT REPORT**

DBPR Form ABT-6034  
Revised 12/2012

<b>Distributor's Name:</b>	<b>Delinquent Report Date:</b>	
<b>Distributor's License No:</b>	<b>Telephone #:</b>	<b>Fax #:</b>

Vendor's License Number	Business Name	Owner's Name	Invoice Number	Gross Invoice Amount	Invoice Date
Pool Buying Group Number	Pool Buying Group Name		Invoice Number	Gross Invoice Amount	Invoice Date