


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90103 006 ***150.00

DOCUMENT # **481133**

1. Entity Name
AMERICAN RECOVERY SERVICE, INC.



Principal Place of Business
1320 S. SEMORAN BLVD.
~~SUITE 107~~
~~ORLANDO FL 32807~~
US

Mailing Address
P.O. BOX 574227
ORLANDO FL 32857-4227
US



2. Principal Place of Business
66 S. Winter Park Dr
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Casselberry

City & State
71

Zip
32707

Country
Seneca

4. FEI Number **59-1608886** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
BLAND, THOMAS R
~~4020 N SEMORAN STE 107~~ **66 S. Winter Park Dr.**
~~ORLANDO FL 32807~~ **Casselberry, FL 32707**

7. Name and Address of New Registered Agent
Name **Thomas R Bland**
Street Address (P.O. Box Number is Not Acceptable) **66 S. WINTER PARK DRIVE**
CASSELBERRY FL
City **FL** Zip Code **32707**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas R. Bland* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	BLAND, THOMAS R.
STREET ADDRESS	66 S. WINTER PARK DR.
CITY-ST-ZIP	CASSELBERRY-FL
TITLE	<input type="checkbox"/> Delete
NAME	ENGELBERG, STEPHANIE
STREET ADDRESS	265 ROLLINGWOOD TRAIL
CITY-ST-ZIP	ALTAMONTE SPRGS, FL00000
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas R. Bland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2003 **407-699-9480**
Date Daytime Phone #

CR2E034 (10/02)