

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003209

FILED
Sep 08, 2002
Secretary of State

Entity Name: FLORIDA ALLIANCE OF CERTIFIED ASSET RECOVERY SPECIALISTS, INC.

Current Principal Place of Business:

POST OFFICE BOX 4015
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4015
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3718060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, JOSEPH
2330 S E 52ND STREET
OCALA, FL 34480 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANSELL, RUSTY
Address: PO BOX 4526
City-St-Zip: Ocala, FL 34478

Title: STD () Delete
Name: TAYLOR, ELIZABETH
Address: PO BOX 4015
City-St-Zip: Ocala, FL 34478

Title: ED () Delete
Name: TAYLOR, JOE
Address: PO BOX 4015
City-St-Zip: Ocala, FL 34478

Title: D () Delete
Name: BENNETT, JEANNE
Address: PO BOX 8349
City-St-Zip: JACKSONVILLE, FL 32239

Title: D () Delete
Name: COROLLA, SAM
Address: PO BOX 848923
City-St-Zip: PEMBROKE PINES, FL 33084

Title: D () Delete
Name: KLEPPINGER, JEFF
Address: 327 N. ORANGE AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH TAYLOR

STD

09/08/2002

Electronic Signature of Signing Officer or Director

_____ Date