

5/17

FILED
Jul 02, 2001 8:00 am
Secretary of State

05-17-2001 91336 048 ***150.00

2001 SUPPLEMENTAL REPORT (UBR)

DOCUMENT # P00000037158

1. Entity Name COMMERCIAL RECOVERY OF TAMPA INC.

Principal Place of Business Mailing Address
 277 EAST THIRD ST. 914 CURLEW RD #101
 MOUNT VERNON NY 10553 DUNEDIN FL 34698

50068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3639480

Applied For

Not Applicable

6. Certificate of Status Desired ☐

\$0.75 Additional Fee Perceived

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH A. PORCELLI, ESQ.
 4940 U.S. HIGHWAY 19
 NEW PORT RICHEY FL 34652

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

9. 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

Joseph A. Porcelli

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when withdrawing)

DATE

10. This corporation is eligible to satisfy its intangible
 tax filing requirement and elects to do so.
 (See criteria on back) ☐

11. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete
 NAME THOMAS PALMITTO
 STREET ADDRESS 277 EAST THIRD STREET
 CITY-ST-ZIP MOUNT VERNON NY 10553

TITLE SEC ☐ Delete
 NAME MARY SAVCHUK
 STREET ADDRESS 277 EAST THIRD
 CITY-ST-ZIP MOUNT VERNON NY 10553

TITLE VPD ☐ Delete
 NAME JOHN CASTRO
 STREET ADDRESS 914 CURLEW RD #101
 CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 employees.

SIGNATURE:

Mary Savchuk
 Mary Savchuk

April 27, 2001

CP25034 (11/00)