2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103550

1. Entity Name
RECOURSE COMMUNICATIONS, INC.

FILED
02 OCT -4 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1655 PALM BEACH LAKES BLVD. SUIET 600 W. PALM BEACH FL 33401	1655 PALM BEACH LAKES BLVD. SUIET 600 W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
550 HERITAGE DR	550 HERITAGE DR.
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: SUITE 200
City & State: JUPITER, FL	City & State: JUPITER, FL
Zip: 33458 Country: PALM BEACH	Zip: 33458 Country: PALM BEACH

4. FEI Number 04-2906741 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATARESE, PAT D 1655 PALM BEACH LAKES BLVD. SUIET 600 W. PALM BEACH FL 33401	Name: PAT D. MATARESE Street Address (P.O. Box Number is Not Acceptable): 550 HERITAGE DR SUITE 200 City: JUPITER, FL **FL** Zip Code: 33458

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, MICHAEL 1655 PALM BEACH LAKES BLVD., SUITE 600 W. PALM BEACH FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Moore, Michael. 550 Heritage Drive, Suite 200 Jupiter, FL. 33458 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, SAMANTHA 1655 PALM BEACH LAKES BLVD., SUITE 600 W. PALM BEACH FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Moore, Samantha 550 Heritage Drive, Suite 200 Jupiter, FL 33458 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATARESE, PAT 1655 PALM BEACH LAKES BLVD., SUITE 600 W. PALM BEACH FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Matarese, Pat 550 Heritage Drive, Suite 200 Jupiter, FL. 33458 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'HARA, B. JAMES 1655 PALM BEACH LAKES BLVD., SUITE 600 W. PALM BEACH FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'Hara, B. James 550 Heritage Drive, Suite 200 Jupiter, FL 33458 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700008285107--5 -10/09/02--01039--029 ****550.00 ****550.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.

SIGNATURE: [signature] PAT MATARESE 9/30/02 561-277-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #