

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90164 010 \*\*\*150.00

A0067040

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** v10829

**1. Entity Name**

All American Recovery Of Jacksonville, Inc.

|                                             |                                             |
|---------------------------------------------|---------------------------------------------|
| <b>Principal Place of Business</b>          | <b>Mailing Address</b>                      |
| 3633 Lenox Avenue<br>Jacksonville, fl 32205 | 3633 Lenox Avenue<br>Jacksonville, Fl 32205 |

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

|                                                                                                        |                    |
|--------------------------------------------------------------------------------------------------------|--------------------|
| <b>4. FEI Number</b>                                                                                   | <b>Applied For</b> |
| 59-3103155                                                                                             | Not Applicable     |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                    |

**6. Name and Address of Current Registered Agent**

Carter, Thomas G., Jr.  
 3633 Lenox Avenue  
 Jacksonville, Fl 32205

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

|                                                                                                                                                                                        |                                                                                                                                         |                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input checked="" type="checkbox"/> <small>(See criteria on back)</small> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | <b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

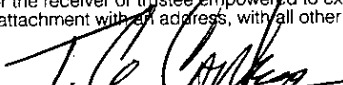
**11. OFFICERS AND DIRECTORS**

|              |                        |                       |                        |                                 |
|--------------|------------------------|-----------------------|------------------------|---------------------------------|
| <b>TITLE</b> | <b>NAME</b>            | <b>STREET ADDRESS</b> | <b>CITY-ST-ZIP</b>     | <input type="checkbox"/> Delete |
| DPS          | CARTER, THOMAS G., JR. | 3633 LENOX AVENUE     | JACKSONVILLE, FL 32205 |                                 |
| T            | CARTER, THOMAS G., JR. | 3633 LENOX AVENUE     | JACKSONVILLE, FL       |                                 |
|              |                        |                       |                        | <input type="checkbox"/> Delete |
|              |                        |                       |                        | <input type="checkbox"/> Delete |
|              |                        |                       |                        | <input type="checkbox"/> Delete |
|              |                        |                       |                        | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|              |             |                       |                    |                                                                   |
|--------------|-------------|-----------------------|--------------------|-------------------------------------------------------------------|
| <b>TITLE</b> | <b>NAME</b> | <b>STREET ADDRESS</b> | <b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|              |             |                       |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|              |             |                       |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|              |             |                       |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|              |             |                       |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|              |             |                       |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**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:**  **T.G. CARTER JR. 4-27-01** **904-384-7605**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)