

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

3. Mailing Address

66 S. Winter Park Dr

Suite, Apt. #, etc.

City & State

City & State

Casselberry

FL

Zip
32707

Country
Seunale

Zip
~~32807~~

Country

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

7. Name and Address of New Registered Agent

BLAND, THOMAS R

~~4020 N GIMMERAN STE 107~~

~~ORLANDO FL 32807~~

66 S. Winter Park Dr.
Casselberry, FL 32707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **BLAND, THOMAS R.**
STREET ADDRESS **66 S. WINTER PARK DR.**
CITY-ST-ZIP **CASSELBERRY-FL**

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

TITLE ☐ Delete
NAME **ENGELBERG, STEPHANIE**
STREET ADDRESS **265 ROLLINGWOOD TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRGS, FL00000**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2003
Date

407-699-9480
Daytime Phone #

CR2E034 (10/02)