

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 497362

1. Entity Name

INSURANCE RECOVERY SPECIALISTS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90017 011 ***150.00

Principal Place of Business

Mailing Address

4491 SOUTH STATE ROAD 7 #308
 2699 STIRLING ROAD STE C201
 FORT LAUDERDALE FL 33314
 US

4491 SOUTH STATE RD 7 #308
 FORT LAUDERDALE FL 33314-4034
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1677322

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORAITIS, ROBERT
 1031 SE THIRD AVE
 FT LAUDERDALE FL 33316

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

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, 2000 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 DP
 NAME BOGLIOLI, THERESA
 STREET ADDRESS 4491 SOUTH STATE ROAD 7 #308
 CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

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

TITLE PD
 NAME BOGLIOLI, THERESA
 STREET ADDRESS 4491 SOUTH STATE ROAD 7 #308
 CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ 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:

Theresa Boglioli
 THERESA BOGLIOLI, CPAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 Date

(954) 584-0605

CR2E034 (9/99)