

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 497362

1. Entity Name

INSURANCE RECOVERY SPECIALISTS, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90953 030 \*\*\*150.00

Principal Place of Business

4491 SOUTH STATE ROAD 7 #308  
2690 STIRLING ROAD STE 0201  
FORT LAUDERDALE FL 33314  
US

Mailing Address

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

2. Principal Place of Business

4491 S. STATE RD 7 #308

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT LAUD, FL

City & State

Zip

33314

Country

Zip

Country

4. FEI Number 59-1677322

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

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, 2001 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

TITLE  
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☐ Change

☐ Addition

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CITY-ST-ZIP

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01  
Date

954-584-0605  
Daytime Phone #

CR2E034 (10/00)