## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

U	NIFORM BUSINESS RE	PORT (UB	K)	_ FIĽED	
DOCUI 1. Entity Nam	MENT# F 0000 nier Recovery In	000685	8	02 MAY 16 AM 9: 04	
Doer	nier Recovery IN	<u></u>		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE				MEC'H HOSEL, COMPA	
Suite, Apt.	e City & Stat	\$5105th te 110	St.	DO NOT WRITE IN THIS SPACE  4. FEI Number   Applied For   Not Applicable	e
Zip	Country USA Zip 41	Country 4	SA	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of Current Registered Agent	_
e services	DO NOT WRITE	_	Name Co	(P.O. Box Number: is Not Acceptable)	
	named entity submits this statement for the purpose of		Office or register	PL Zip Code 3201 ered 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 filling requirement and elects to do so. (See criteria on back)  January 1 - May 1 Fee is \$150 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIRECTORS  OWNER PRESIDENT  Ernie Parton  11033 Harrison Nay  Walton Ku 41094	TITLE NAME. STREET. CITY-ST	ADDRESS 1- ZIP	50005665365 -06/03/0201073012 *****308.75 *****308.7	348 (12/04)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Malton KA Flora Michelle Bartan Mice Bresi	TITLE NAME STREET CITY-ST	ADDRESS 1-Zip		CR2E034B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretory Pon Mc Dermott 27 E. 445 St Covington Ky 410	TITLE NAME STREET CITY-SI	ADDRESS T-ZIP	DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET CITY-SI	ADDRESS: I-ZIP	IN THIS SPACE.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME: STREET CITY-ST	ADDRESS 1-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET CITY-SI	ADORESS T-ZIP		
13. I hereby certify that the information supplied with this filling 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 on an attractment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dote  Octuber Printed Name of Signing OFFICER OR DIRECTOR					

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## PREMIER RECOVERY INC. 525 W. 5<sup>TH</sup> ST STE. 110 COVINGTON, KY 41011

Re: Foreign Corp. Qualification

Dear Sir or Madam,

Our company was approved in September of 2000 for a COA by a Foreign Corp. to transact business in Florida. Unfortunately we did not receive the actual certificate. I have enclosed a check for \$303.75 for the 2001 and 2002 fees along with a "FOR PROFIT CORP. UNIFORM BUISNESS REPORT".

If you will please send me a copy of the afore mentioned COA so that we may complete our Florida license.

Thank you in advance for you help, Sincerely Jenna Bleska PRI. 859-431-2787