

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000002534

FILED
Mar 06, 2003
Secretary of State

Entity Name: RECOVERED CAPITAL CORPORATION

Current Principal Place of Business:

348 MIRACLE STRIP PKWY
SUITE 35
FORT WALTON BEACH, FL 32548

Current Mailing Address:

348 MIRACLE STRIP PKWY
SUITE 35
FT WALTON BEACH, FL 32548

New Principal Place of Business:

348 MIRACLE STRIP PKWY SW
SUITE 35
FORT WALTON BEACH, FL 32548

New Mailing Address:

348 MIRACLE STRIP PKWY SW
SUITE 35
FT WALTON BEACH, FL 32548

FEI Number: 31-1552234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANN, RUSSELL
348 MIRACLE STRIP PKWY
SUITE 35
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: HANN, RUSSELL P
Address: 348 MIRACLE STRIP PKWY SUITE 35
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD () Delete
Name: CLANCY, JOHN J
Address: 18131 W CATAWBA AVE
City-St-Zip: CORNELIUS, NC 28031

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HANN, FREDERICK S
Address: 18131 W CATAWBA AVE
City-St-Zip: CORNELIUS, NC 28031

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL P HANN

PC

03/06/2003

Electronic Signature of Signing Officer or Director

Date