

DOCUMENT # F38989

1. Entity Name
PALM BEACH RECOVERY, INC.

Principal Place of Business
2201 SCOTT AVE.
W PALM BCH FL 33409

Mailing Address
2201 SCOTT AVE.
W PALM BCH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2119863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPRINGER, RICHARD, ESQ.
3003 S CONGRESS AVE, SUITE 1A
PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DST			
	DOUSE, NANCY H	5600 MIDDLECOFF DRIVE	W PALM BEACH, FL 00000	
	PD			
	DOUSE, RICHARD GLEN	5600 MIDDLECOFF DRIVE	W PALM BEACH, FL 00000	
	DV			
	HONACHER, JACK W JR	5184 EL CLARO CIR	W PALM BEACH FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

Date

Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90047 001 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)