

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90094 007 \*\*\*150.00

**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

7. Name and Address of New Registered Agent

**SPRINGER, RICHARD, ESQ.**

**3003 S CONGRESS AVE, SUITE 1A**

**PALM SPRINGS FL 33461**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>DST</b>						
	<b>DOUSE, NANCY H</b>						
	<b>2201 SCOTT AVE</b>						
	<b>WEST PALM BEACH FL 33409</b>						
	<b>PD</b>						
	<b>DOUSE, RICHARD GLEN</b>						
	<b>2201 SCOTT AVE</b>						
	<b>WEST PALM BEACH FL 33409</b>						
	<b>DV</b>						
	<b>HONACHER, JACK W JR</b>						
	<b>2201 SCOTT AV</b>						
	<b>WEST PALM BEACH FL 33409</b>						

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Nancy H. Douse* **1-28-03** **561-684-3951**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #