

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90071 036 \*\*\*150.00

**DOCUMENT # F96000003266**

1. Entity Name

**ASSOCIATED RECOVERY SYSTEMS, INC.**

Principal Place of Business

201 W GRAND AVE  
 ESCONDIDO CA 92025  
 US

Mailing Address

201 W GRAND AVE  
 ESCONDIDO CA 92025-2603  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 463023

Suite, Apt. #, etc.

City & State

Escondido, CA

Zip

92046

Country

USA

4. FEI Number

**33-0264864**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

B0005315



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	HOWERTON, KATHY L	
STREET ADDRESS	201 W GRAND AVE	
CITY-ST-ZIP	ESCONDIDO CA	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	CARRUTHERS, DOUGLAS S	
STREET ADDRESS	201 W GRAND AVE	
CITY-ST-ZIP	ESCONDIDO CA	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	HOWERTON, JOHN	
STREET ADDRESS	201 W GRAND AVE	
CITY-ST-ZIP	ESCONDIDO CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	Howerton, Kathy L.	
STREET ADDRESS	201 W. Grand Ave.	
CITY-ST-ZIP	Escondido, CA 92046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	92046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vacant	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	92046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Kathy L. Howerton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

(760) 735-2700

Daytime Phone #

CE02024 (0/00)