

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005600

1. Entity Name

RECOVERY BUREAU OF AMERICA, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90052 004 ***150.00

Principal Place of Business

P.O. BOX 950
SANTA CLARITA CA 91380

Mailing Address

P.O. BOX 950
SANTA CLARITA CA 91380-9050

2. Principal Place of Business

28035 N. Ave Stanford

3. Mailing Address

P.O. Box 950

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

Valencia, CA

City & State

Santa Clarita, CA

Zip

91355

Country

USA

Zip

91380

Country

USA

4. FEI Number

95-4382908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PT
NAME RICHARDS, BRIAN A
STREET ADDRESS 27882 WAKEFIELD AVE
CITY-ST-ZIP CASTAIC CA ☐ Delete

TITLE VS
NAME RICHARDS, JANET L
STREET ADDRESS 27882 WAKEFIELD AVE
CITY-ST-ZIP CASTAIC CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, without or with like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Richards
President

3-14-00

Date

Daytime Phone #

661-775-1300

CR2000 9/99