₹2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9800000395 STUDENT LOAN RECOVERY CENTER, INC. Principal Place of Business Mailing Address 500 WATER ST. S/C J-160 WATER ST. S/C J-160 JACKSONVILLE FL 32202-4423 MOKSOMMITE FL 32202 3. Mailing Address PMB 102 2. Principal Place of Business 859 Waterman Road South Suite, Apt. #, etc. Suite, Apt. #, etc. 4446 Hendricks Avenue City & State Jacksonville, Florida City & State Jacksonville, Florida Zip 32207 Country Country U.S.A. U.S.A. 32207 6. Name and Address of Current Registered Agent Jösephi AFTOORA, PATRICIA J Street Address (P.C 500 WATER ST, S/C J-160

						00) HAY	-	AH 11	: 24
160 02-442	3					S TA	ECRETA LLAHA	ARY SSEE	of St E. Flo	ATE RIDA
	ut-									
rio	cks	Aven	ue			DO NOT WRI	TE IN THI	S SPA	CE	
110	e, F	lori	đa	4. F	El Number	59-3483003	3		<u> </u>	oplied For ot Applicable
	Count	S.A.		5. C	Certificate of Sta	atus Desired			.75 Add Require	
				7. N	lame and Addi	ress of New F	Registere	d Age	nt	
•		Name J. Street A	öseph ddress (F	<u>i. P∵</u> ?O. Bo	Moorer.	∠ Jr lot Acceptable) 			List.
	{	5.	47, Le	Mas	ter Driv		 	-u_	ر مار المنهاري	
City			EDRA BEACH			F	L	Zin Code 32 082		
							i			
ıg its ı	registere	ed office or	registere	ed age	ent, or both, in t	the State of Flo	brida.			
			registere	ed age	ent, or both, in t	the State of Flo	brida. 			
rec	l Ag					the State of Flo	orida.			
reč (NOTE OW!!	l Ag Registered	ent	ure required -	when re	instating) 10. Election	che State of Flo Campaign Find Contribution	DATE		\$5.0 Added	00 May Be
reč (NOTE OW!!	l Ag Registered	ent Agent signatu IS \$150.0	one required 00 550.00 t of Stat	when rei	10. Election Trust Fu	Campaign Find Contribution	nancing in.		Added	to Fees
reč (NOTE OW!!	Property of the control of the contr	ent d Agent signatu IS \$150.0 will be \$5 epartmen	pure required 550.00 t of State Program Jose 547	AD S;	10. Election Trust Ful DITIONS/CHAI DITIONS/CHAI DITIONS/CHAI	Campaign Find Contribution NGES TO OFF	nancing n. FICERS AI	□ ND DIII ∴ X	Added	to Fees
reč (NOTE OW!!	I Ag Registered I! FEE DO Fee le to De I12. TITLE NAMI STRE CITY- TITLE NAMI STRE	ent If Agent signate IS \$150.1 Will be \$5 Ppartmen E ET ADDRESS -ST-ZIP	Proses 547 Pont VP, Natl 859	AD AD Lee Lee T, han Wa	nstating) 10. Election Trust Fur DITIONS/CHAI D. Mod Master Vedra D Groff terman	Campaign Find Contribution NGES TO OFF OCTOBER OTER, 10 Drive Beach, Road	nancing n. FICERS AI	ND DIII : X	Added	S IN 11
reč (NOTE OW!!	I Ag Registerec II FEE DO Fee Re to De I 12. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY	ent J Agent signate IS \$150.1 Will be \$5 Epartmen E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	Proses 547 Pont VP, Natl 859	AD AD Lee Lee T, han Wa	DITIONS/CHAID P. Mod Master Vedra D Groff terman	Campaign Find Contribution NGES TO OFF OCTOBER OTER, 10 Drive Beach, Road	DATE nancing n. FICERS AI FI South	320 ×	Addec RECTOR: Change 8.2 Change Change	I to Fees S IN 11 Addition Addition

TITLE LARSON, S.R. NAME Jose NAME 901 E. CARY ST STREET ADDRESS STREET ADDRESS 547 CITY-ST-ZIP CITY-ST-7IP **RICHMOND VA 23219** Ponti **⊠** Delete TITLE VP, SCHWINGER, B.A. NAME NAME Natha STREET ADDRESS 301 W. BAY ST STREET ADDRESS 859 T CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 Jack Delete TITLE BOOR, D.A. NAME 901 E. CARY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23219 Delete TITLE AFTOORA, P.J. NAME 500 WATER ST, S/C J-160 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 X Delete Addition TILBROOK, J. NAME NAME 301 W. BAY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME VAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

pose of changing its registered office or registered

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

Registered Agent

Delete

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 impowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attachment with an additional statutes. changed, or on an attachment with a

JACKSONVILLE FL 32202

8. The above named entity submits this statem

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

SIGNATURE .

11.

(See criteria on back)

Jaseph H. Moorer, Jr.,

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

OFFICERS AND DIRECTORS

SIGNATURE: Nathan Groff

Wce-President/Treasurer

(904) 396-7842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date