

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90046 004 \*\*\*150.00

**DOCUMENT # F98000004923**

1. Entity Name  
**FIRST PERFORMANCE RECOVERY CORP.**



Principal Place of Business  
**SUITE 601**  
**4901 NW 17TH WAY**  
**FORT LAUDERDALE FL 33309**

Mailing Address  
**SUITE 601**  
**4901 NW 17TH WAY**  
**FORT LAUDERDALE FL 33309**



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 **65-0854325**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 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. 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

TITLE NAME	<b>P</b> <b>COON, PATRICK M</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>3321 MAYFAIR LANE</b>	
CITY-ST-ZIP	<b>HIGHLAND VILLAGE TX 75077</b>	
TITLE NAME	<b>V</b> <b>MOORE, JAMES A</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1561 N HIATUS RD</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	
TITLE NAME	<b>S</b> <b>WEBER, PAUL J</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7598 DAFFODIL WAY</b>	
CITY-ST-ZIP	<b>FRISCO TX 75034</b>	
TITLE NAME	<b>T</b> <b>FRANCE, RICHARD W</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2130 LANSDOWN DRIVE</b>	
CITY-ST-ZIP	<b>CARROLLTON TX 75010</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>T. Donna Blohm</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>8804 Vernon CT.</b>	
CITY-ST-ZIP	<b>Plano TX. 75025</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES A. MOORE**

Date

Daytime Phone #

**1-20-03 800-777-8535**

CR2E034 (10/02)