

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000005794**

1. Entity Name

AMERICAN RECOVERY SERVICE INCORPORATED OF CALIFO**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90055 011 ***150.00

Principal Place of Business

468 PENNSFIELD PLACE 2ND FLOOR
THOUSAND OAKS CA 91360

Mailing Address

468 PENNSFIELD PLACE 2ND FLOOR
THOUSAND OAKS CA 91360

2. Principal Place of Business

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **95-4080279**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****NRAI SERVICES INC.**
526 E PARK AVE
TALLAHASSEE FL 32301**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	CPD	<input type="checkbox"/> Delete
NAME	BAXTER, THOMAS C	
STREET ADDRESS	468 PENNSFIELD PLACE 2ND FLOOR	
CITY-ST-ZIP	THOUSAND OAKS CA 91360	
TITLE	WVST	<input type="checkbox"/> Delete
NAME	BERKE, MICHAEL N	
STREET ADDRESS	468 PENNSFIELD PLACE 2ND FLOOR	
CITY-ST-ZIP	THOUSAND OAKS CA 91360	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 667, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

Date

888-395-2774

Daytime Phone #

CR2E034 (10/00)