

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001742
1. Entity Name
Recovery Adjustment Bureau, Inc.

Principal Place of Business Mailing Address
23330 Harborview Rd 27300 Guapore Drive
Suite G Punta Gorda, FL 33983
Charlotte Harbor, FL 33980

2. Principal Place of Business 3. Mailing Address
Suits, Apt. #, etc. Suits, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 58-2113434 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Deborah A. Brothers
27300 Guapore DR.
Punta Gorda, FL 33983
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 Deborah Brothers V.B. 10/19/01
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) ☐
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark P. Brothers		NAME		
STREET ADDRESS	27300 Guapore DR.		STREET ADDRESS		
CITY-ST-ZIP	Punta Gorda, FL 33983		CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah A. Brothers		NAME		
STREET ADDRESS	27300 Guapore Drive		STREET ADDRESS		
CITY-ST-ZIP	Punta Gorda, FL 33983		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(b), 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 807, 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: Deborah Brothers 10/19/01
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2034 (11/00)

RECOVERY ADJUSTMENT BUREAU, INC.

27300 Guapore Drive
Punta Gorda, FL 33983
941-624-4205

RebAndrBre@aol.com

October 19, 2001

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To whom it May Concern:

I have filled out the form and also enclosed a check for \$150.00 for the corporation of Recovery Adjustment Bureau, Inc..

We did not receive the first or second request to report our corporation, annually. I have corrected the address on the form for this year coming up. I was told that the new year forms are printing now. Please make sure I receive the new one for next year. I do not want this to happen again.

I hope this will all be sufficient. Thank you for your assistance.

Sincerely,


Deborah Brothers
Vice President