

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90147 004 \*\*\*150.00

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**DOCUMENT # J97977**

1. Entity Name

AMERICAN RECOVERY SERVICE CO. OF DAYTONA BEACH



Principal Place of Business

1007 PALM VIEW DR  
DAYTONA BEACH FL 32119  
US

Mailing Address

1007 PALM VIEW DR  
DAYTONA BEACH FL 32119  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2090 S. NOVA ROAD SUITE 2B16  
City & State  
SOUTH DAYTONA FL

Suite, Apt. #, etc.

2090 S. NOVA RD SUITE 2-B16  
City & State  
SOUTH DAYTONA FL

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

32119 US

Zip

Country

32119 US

4. FEI Number

59-2855130

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

JOHN H. YATES  
1007 PALM VIEW DRIVE  
DAYTONA BEACH FL 32119

Name

Street Address (P.O. Box Number is Not Acceptable)

2090 S. NOVA ROAD SUITE 2B16  
City SOUTH DAYTONA FL Zip Code 32119

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

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

TITLE DP ☐ Delete  
NAME YATES, JOHN H  
STREET ADDRESS 1007 PALM VIEW DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2090 S. NOVA ROAD SUITE 2B16  
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

TITLE ST ☐ Delete  
NAME YATES, PAT  
STREET ADDRESS 1007 PALM VIEW DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2090 S. NOVA ROAD SUITE 2B16  
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

JOHN H. YATES 3-7-03 386-322-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)