

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K35173**

1. Entity Name

**T.F.M. RECOVERY INC.**

Principal Place of Business

**4810 NE 13 TERRACE  
FORT LAUDERDALE FL 33334**

Mailing Address

**4810 NE 13 TERRACE  
FORT LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORICK, TIMOTHY F.**

**5620 N.W. LANE**

**FT. LAUDERDALE FL 33319**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State**

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 **D** ☒ Delete  
NAME **MORICK, TIMOTHY F.**  
STREET ADDRESS **5620 N.W. 55 LANE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **Mr. & Mrs. Tim Morick** ☒ Change ☐ Addition  
NAME **4810 NE 13th Terrace**  
STREET ADDRESS **Oakland Park, FL 33334**  
CITY-ST-ZIP

TITLE **Timothy F Morick** ☐ Delete  
NAME **4810 NE 13 Terr**  
STREET ADDRESS **OAKLAND PARK, FL. 33334**  
CITY-ST-ZIP

TITLE **000004654430--0** ☐ Change ☐ Addition  
NAME **-10/26/01--01023--016**  
STREET ADDRESS **\*\*\*\*150.00 \*\*\*\*150.00**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 607, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-10-01**

Date

**954-772 1599**

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 17 AM 8:38



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

***JOHN A. SMITH, P.A.***

**CERTIFIED PUBLIC ACCOUNTANT**

MEMBER:

AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

10231 WEST SAMPLE ROAD  
CORAL SPRINGS PROFESSIONAL CENTER  
CORAL SPRINGS, FL 33065  
(954) 796-8560

October 15, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

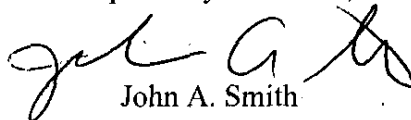
**Re: TFM Recovery, Inc. # K35713**

Dear Sir or Madam,

I am writing you about the above corporation. The corporation recently received a second notice on its 2001 Uniform Business Report. The original Uniform Business Report was mailed together with payment on April 14, 2001. Since the report was hand delivered to the United States Post Office, we assumed that it would be delivered timely. This is the first notice that we have had that indicated there was a problem.

At this time we are respectfully requesting that the \$ 400 penalty be waived. In the future we will be sure to send them certified to insure that they will not be lost in the mail.

Respectfully submitted,

  
John A. Smith  
Certified Public Accountant