

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000006238

FILED  
Sep 24, 2002  
Secretary of State

**Entity Name:** FLOHHS RECOVERY SYSTEMS, LLC

**Current Principal Place of Business:**

4 SHORE DR.  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 130  
OZONA, FL 34660

**New Mailing Address:**

**FEI Number:** 37-6322972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EDELMAN, MARC R  
5005 W. LAUREL ST., SUITE 209  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HONEY, BILL M  
Address: 4 SHORE DR.  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM ( ) Delete  
Name: FORSHEY, PAUL E  
Address: 6649 MARINA DR. COURT, #107  
City-St-Zip: TAMPA, FL 33635

Title: MGRM (X) Delete  
Name: HIGGINS, JAMES W  
Address: 114 CITRUS AVE.  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL E. FORSHEY

MGRN

09/24/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date