

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90262 024 ***158.75

DOCUMENT # *L78429*

1. Entity Name

Recovery Associates, Inc.



DO NOT WRITE IN THIS SPACE

24053316

2. Principal Place of Business

8241 S. US I

3. Mailing Address

8241 S. US I

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port ST. Lucie, FL

City & State

Port ST. Lucie, FL

4. FEI Number

65-0200739

Applied For

Not Applicable

Zip

34952

Country

USA

Zip

34952

Country

USA

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GORDON G. BOHL

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

8241 S. US I

City

Port ST. Lucie FL

Zip Code

34952

**DO NOT WRITE
IN THIS SPACE**

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

Gordon G. Bohl

Gordon G. Bohl President

4-20-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *President / Treasurer*
NAME *GORDON G. BOHL*
STREET ADDRESS *8241 S. US I*
CITY-ST-ZIP *Port ST. Lucie, FL 34952*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VP / D*
NAME *Roland Verfaillie*
STREET ADDRESS *8241 S. US I*
CITY-ST-ZIP *Port ST. Lucie, FL 34952*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *S/D*
NAME *Irene Linton*
STREET ADDRESS *8241 S. US I*
CITY-ST-ZIP *Port ST. Lucie, FL 34952*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gordon G. Bohl

Gordon G. Bohl

Date

4-20-04

Daytime Phone #

772-878

9368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)