

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92213

1. Entity Name

TRUMBULL RECOVERY SERVICES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90111 006 ***150.00

Principal Place of Business

Mailing Address

140 ALEXANDRIA BLVD.
STE G
OVIEDO FL 32765
US

PO BOX 621207
OVIEDO FL 32762-1207
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3021034

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

COLN, RONALD
676 WANETA COURT
WINTER SPRINGS 32708

Name

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

114 Arrowhead Court

City

Winter Springs

FL

Zip Code

32708

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD ☐ Delete
NAME COLN, RONALD
STREET ADDRESS 140 ALEXANDRIA BLVD, STE G
CITY-ST-ZIP OVIEDO FL 32765

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

TITLE VD ☐ Delete
NAME WILCOX, ELLEN
STREET ADDRESS 4 GRIFFIN ROAD NORTH
CITY-ST-ZIP WINDSOR CT 06095

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

TITLE V ☐ Delete
NAME MALCHODI, WILLIAM
STREET ADDRESS HARTFORD PLAZA
CITY-ST-ZIP HARTFORD CT 06115

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

TITLE VT ☐ Delete
NAME TRIPP, STANLEY
STREET ADDRESS 4 GRIFFIN ROAD NORTH
CITY-ST-ZIP WINDSOR CT 06095

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

TITLE S ☐ Delete
NAME SIMPSON, DOUGLAS
STREET ADDRESS 4 GRIFFIN ROAD NORTH
CITY-ST-ZIP WINDSOR CT 06095

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

TITLE AS ☐ Delete
NAME CUBANSKI, JAMES
STREET ADDRESS HARTFORD PLAZA
CITY-ST-ZIP HARTFORD CT 06115

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)