

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009405

1. Entity Name

NATIONAL RECOVERY SERVICES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -7 AM 9:25

mf

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6474 Tower Rd
Bascom, FL 32423

PO Box 247
Greenwood, FL 32443

2. Principal Place of Business

6474 Tower Rd
Suite, Apt. #, etc.

3. Mailing Address

PO Box 247
Suite, Apt. #, etc.

City & State

Bascom Florida

Zip

32423

Country

USA

City & State

Greenwood Florida

Zip

32443

Country

USA

4. FEI Number

59-3618889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Dennis Rich
6474 Tower Rd
Bascom, FL 32423

7. Name and Address of New Registered Agent

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

Dennis Rich

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

☐ Delete

10. ADDITIONS/CHANGES

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Dennis Rich
6474 Tower Rd
Bascom, FL 32423

MGRM

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Hope Rich
6474 Tower Rd
Bascom, FL 32423

MGRM

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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*****50.00 *****50.00

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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☐ Change

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11. 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 is true and accurate and that my 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:

Dennis Rich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

4/22/2000

Daytime Phone #

850/569-5269

CR2E083 (11/99)