

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91147 027 \*\*\*\*\*70.00

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**DOCUMENT # N02000000504**

1. Entity Name

**RECOVER ALL INC.**



Principal Place of Business

~~524 9TH ST S~~ **3455 2ND AVE N**  
**ST PETERSBURG FL 33702 33713**

Mailing Address

~~524 9TH ST S~~ **3455 2ND AVE N**  
**ST PETERSBURG FL 33702 33713**

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, CYNTHIA**

**12100 PARK BLVD #307 6689 23rd Circle North**  
**SEMINOLE FL 33772 St. Petersburg, FL 33702**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Cynthia Bell*

*Cynthia Bell*

*May 1, 2003*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **BELL, L.S**  
STREET ADDRESS **12100 PARK BLVD**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **D** ☐ Delete  
NAME **BELL, CYNTHIA**  
STREET ADDRESS **12100 PARK BLVD**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **D** ☒ Delete  
NAME **TYSON, ROBERT**  
STREET ADDRESS **524 9TH ST S**  
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Jim Tucker**  
STREET ADDRESS **350 4th St S, Unit 2**  
CITY-ST-ZIP **St Petersburg, FL 33701**

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

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

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

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

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*RECEIVED Bell*

*May 1, 2003 727 522 4727*

CR2E037 (10/02)