

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90050 023 ****70.00

DOCUMENT # N22762

1. Entity Name

FLORIDA ASSOCIATION OF LICENSED RECOVERY AGENTS, INC.

Principal Place of Business

Mailing Address

635 W HWY 50
 STE B
 CLERMONT FL 34711
 US

P.O. BOX 121454
 CLERMONT FL 34712-1454
 US

2. Principal Place of Business

635 W. HWY 50

3. Mailing Address

PO BOX 121454

Suite, Apt. #, etc.

STE D

Suite, Apt. #, etc.

City & State
 CLERMONT, FL

City & State
 CLERMONT, FL

4. FEI Number
 59-2994561

Applied For
 Not Applicable

Zip
 34711

Country
 USA

Zip
 34712-1454

Country
 USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KILPATRICK, KELLEY
 635 W HWY 50
 STE B
 CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name
 KELLEY KILPATRICK
 Street Address (P.O. Box Number is Not Acceptable)
 635 W. HWY 50
 STE D
 CLERMONT FL 34711

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 KELLEY KILPATRICK Kelley Kilpatrick DATE 02-01-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
 NAME KILPATRICK, JOHN W
 STREET ADDRESS 5120 GEORGE RD
 CITY-ST-ZIP TAMPA FL 33634

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

TITLE ☐ Delete
 NAME DVP
 STREET ADDRESS PADGETT, ROBERT
 CITY-ST-ZIP 2332 CROYDON RD SEBRING FL 33870

TITLE PRESIDENT DIRECTOR ☒ Change ☐ Addition
 NAME ROBERT PADGETT
 STREET ADDRESS 2332 CROYDON RD, SEBRING, FL 33870
 CITY-ST-ZIP

TITLE S ☐ Delete
 NAME MEEKS, DANIEL
 STREET ADDRESS 7628 N 56TH ST #6
 CITY-ST-ZIP TAMPA FL 33617

TITLE EXECUTIVE DIRECTOR ☒ Change ☐ Addition
 NAME DANIEL MEEKS
 STREET ADDRESS 7628 N. 56th St. #6
 CITY-ST-ZIP TAMPA, FL 33617

TITLE PD ☒ Delete
 NAME MARTIN, GEORGE
 STREET ADDRESS 744 N. ANDREWS AVE
 CITY-ST-ZIP FORT LAUDERDALE FL 33311

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

TITLE 3VP ☐ Delete
 NAME ENDERS, DENNIS H
 STREET ADDRESS 25343 SW 142ND AVE
 CITY-ST-ZIP HOMESTEAD FL 33032

TITLE VP - DIRECTOR ☒ Change ☐ Addition
 NAME DENNIS H ENDERS
 STREET ADDRESS 25343 SW 142ND AVE
 CITY-ST-ZIP HOMESTEAD, FL 33032

TITLE 3VP ☐ Delete
 NAME HURST, DOUG
 STREET ADDRESS 460 N SR 7
 CITY-ST-ZIP PLANTATION FL 33317

TITLE 2ND VP - DIRECTOR ☒ Change ☐ Addition
 NAME DOUG HURST
 STREET ADDRESS 460 N SR 7
 CITY-ST-ZIP PLANTATION, FL 33317

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: [Signature] 02-02-02 863-471-2685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E037 (9/01)