

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000000376

FILED  
Feb 27, 2003  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF PROPERTY RECOVERY INVESTIGATORS, INC.

**Current Principal Place of Business:**

625 SULLIVAN STREET  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 741283  
ORANGE CITY, FL 32774 US

**New Mailing Address:**

**FEI Number:** 59-3550395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FYFE, SCOTT G  
625 SULLIVAN STREET  
DELTONA, FL 32725

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FYFE, SCOTT  
Address: 100 BUSH BLVD  
City-St-Zip: SANFORD, FL 32773

Title: T ( ) Delete  
Name: THORSON, STORMY  
Address: 3661 EAST VIRGINIA BEACH BLVD  
City-St-Zip: NORFOLK, VA 23502

Title: S ( ) Delete  
Name: WALTER, MAUREEN  
Address: 2350 RESEARCH BOULEVARD  
City-St-Zip: ROCKVILLE, MD 20850

Title: D ( ) Delete  
Name: CARTER, MICHAEL  
Address: POST OFFICE DRAWER P  
City-St-Zip: SHREVEPORT, LA 71161

Title: V ( ) Delete  
Name: VUCINICH, MARK  
Address: 6081 CLINTON STREET  
City-St-Zip: BOISE, ID 83704

Title: D ( ) Delete  
Name: STREATOR, WILLIAM  
Address: POST OFFICE BOX 3371  
City-St-Zip: TAMPA, FL 33601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: THORSON, STORMY  
Address: 4937 BRIARWOOD LANE  
City-St-Zip: PORTSMOUTH, VA 23703

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: NEWCOMER, KEVIN  
Address: 2621 WEST SCHAUMBURG  
City-St-Zip: SCHAUMBURG, IL 60194

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT FYFE

P

02/27/2003

Electronic Signature of Signing Officer or Director

Date