

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90118 048 \*\*\*\*61.25

**DOCUMENT # N99000001093**

1. Entity Name

**PROFESSIONAL ASSET RECOVERY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2425 MILLCREEK COURT  
SUITE 1  
TALLAHASSEE FL 32308-4368

2425 MILLCREEK COURT  
SUITE 1  
TALLAHASSEE FL 32308-4375

2. Principal Place of Business

1815 Miccosukee Commons Dr.

3. Mailing Address

1815 Miccosukee Commons Dr.

Suite, Apt. #, etc.

Suite 106

Suite, Apt. #, etc.

Suite 106

City & State

Tallahassee, FL 32308-5433

City & State

Tallahassee, FL 32308-5433

Zip

32308-5433

Country

Leon

Zip

32308-5433

Country

Leon

4. FEI Number

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

CARSON, BRENDA M  
2425 MILLCREEK COURT  
SUITE 1  
TALLAHASSEE FL 32308-4368

Name

CARSON, BRENDA M

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

1815 MICCOSUKEE COMMONS DRIVE, SUITE 106

TALLAHASSEE

City

FL

Zip Code

32308-5433

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

**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 President & Director ☐ Delete  
NAME Brenda M. Carson  
STREET ADDRESS 1815 Miccosukee Commons Dr. Ste 106  
CITY-ST-ZIP Tallahassee, FL 32308-5433

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

TITLE Vice-Pres, Treas & Director ☐ Delete  
NAME Pat Traylor  
STREET ADDRESS P.O. Box 5031  
CITY-ST-ZIP Clearwater, FL 34618

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

TITLE Director ☐ Delete  
NAME Fred Goodman  
STREET ADDRESS P.O. Box 4333  
CITY-ST-ZIP Enterprise, FL 32725

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

BRENDA M. CARSON

4/28/00

(850) 385-9267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)