

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90163 026 \*\*\*\*61.25

**DOCUMENT # N99000001093**

1. Entity Name

**PROFESSIONAL ASSET RECOVERY ASSOCIATION, INC.**

Principal Place of Business

**1815 MICCOSUKEE COMMONS DR  
SUITE 106  
TALLAHASSEE FL 32308-4368**

Mailing Address

**1815 MICCOSUKEE COMMONS DR  
SUITE 106  
TALLAHASSEE FL 32308-4368****UUUJ0044**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
1815 MICCOSUKEE COMMONS DRIVE  
SUITE 106  
TALLAHASSEE FL 32308-4368**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD CARSON, BRENDA M 1815 MICCOSUKEE COMMONS DRIVE, STE 106 TALLAHASSEE FL 32308	<input type="checkbox"/>		
VPTD TRAYLOR, PAT PO BOX 5031 CLEARWATER FL 34618	<input type="checkbox"/>		
D GOODMAN, FRED PO BOX 4333 ENTERPRISE FL 32725	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Brenda M. Carson**  
**President**

Date

Daytime Phone #

**(850) 385-9267**

CR2E037 (10/00)