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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-08-2002 90244 027 ****61.25

DOCUMENT # N99000001093

1. Entity Name

PROFESSIONAL ASSET RECOVERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1815 MICCOSUKEE COMMONS DR SUITE 106 TALLAHASSEE FL 32308-4368	1815 MICCOSUKEE COMMONS DR SUITE 106 TALLAHASSEE FL 32308-4368

29432

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE — 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 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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARSON, BRENDA M	NAME	
STREET ADDRESS	1815 MICCOSUKEE COMMONS DRIVE, STE 106	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	
TITLE	VPTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TRAYLOR, PAT	NAME	
STREET ADDRESS	PO BOX 5031	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34618	CITY-ST-ZIP	D
TITLE	D ☒ Delete	TITLE	TOM ALLEN ☐ Change ☒ Addition
NAME	GOODMAN, FRED	NAME	3714 N.W. 9TH BLVD
STREET ADDRESS	PO BOX 4333	STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE FL 32725	CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	~~TOM ALLEN~~ ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~D~~	NAME	
STREET ADDRESS	~~3714 NW 9~~	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/01)

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 REQUIRED~~ Brenda M. CARSON 4/1/02 (850) 385-9267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #