

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90140 037 \*\*\*\*\*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**

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. I am familiar with, and accept the obligations of registered agent.

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**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD  
CARSON, BRENDA M  
1815 MICCOSUKEE COMMONS DRIVE, STE 106  
TALLAHASSEE FL 32308**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP

**VPTD  
TRAYLOR, PAT  
PO BOX 5031  
CLEARWATER FL 34618**

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STREET ADDRESS  
CITY - ST - ZIP

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**D  
ALLEN, TOM  
3714 N.W. 9TH BLVD  
GAINESVILLE FL 32606**

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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**

**9/8/2003 (850) 385-9267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)