

2000 UNIFORM BUSINESS REPORT (UBR)

2/26

FILED
May 01, 2000 8:00 am
Secretary of State

02-26-2000 90036 036 ****61.25

DOCUMENT # N99000005010

1. Entity Name

COMMITMENT TO RECOVERY, INC.

Principal Place of Business

15951 N FLORIDA AVE
LUTZ FL 33549

Mailing Address

15951 N FLORIDA AVE
LUTZ FL 33549-8100

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

59-3422307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAFFORD, S.L.
15951 N FLORIDA AVE
LUTZ FL 33549

7. Name and Address of New Registered Agent

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

TITLE	D	STEVEN CLEVENGER <input type="checkbox"/> Delete
NAME		15951 N FLORIDA DIRECTOR
STREET ADDRESS		LUTZ FL 33549
CITY-ST-ZIP		
TITLE	D	DIRECTOR <input type="checkbox"/> Delete
NAME		S.L. STAFFORD
STREET ADDRESS		15951 N FLORIDA
CITY-ST-ZIP		LUTZ FL 33549
TITLE	D	SANDRA CLEVENGER <input type="checkbox"/> Delete
NAME		1724 SPINNING WHEEL DR
STREET ADDRESS		LUTZ FL 33549
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

STAFFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00
Date

839689206
Daytime Phone #

CR2E037 (9/99)