

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90135 018 ***150.00

0514333

DOCUMENT # P00000013635

1. Entity Name

JUDGMENT RECOVERY, INC.

Principal Place of Business

801 FORT BROOKS CIRLCE
BUSHNELL FL 33513

Mailing Address

801 FORT BROOKS CIRLCE
BUSHNELL FL 33513

2. Principal Place of Business

3. Mailing Address

PO Box 2456

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BUSHNELL FL

4. FEI Number

59-3629972

Applied For

Not Applicable

Zip

Country

Zip

Country

33513

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

DUNCAN, C. MICHAEL
16727 BEAUCLAIR COURT
TAVARES FL 32778

Name

JAMES FUGATE

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

801 FORT BROOKS CIRCLE

City

BUSHNELL

FL

Zip Code

33513

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUGATE, JAMES P.O. BOX 2456 BUSHNELL FL 33513	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

2/5/2001

(352) 793-2525 ext 356
(352) 793-2463

CR2E034 (10/00)