

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000038903

1. Entity Name
GLOBAL JUDGMENT RECOVERY CORP.

Principal Place of Business
4808 S. TAMiami TRAIL #219
SARASOTA FL 34231

Mailing Address
PO BOX 5625
SARASOTA FL 342775625

2. Principal Place of Business
4808 S. TAMiami TRAIL

3. Mailing Address
4808 S. TAMiami TRAIL

Suite, Apt. #, etc.
#219

Suite, Apt. #, etc.
#219

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip Country
34231 US

Zip Country
34231 US

4. FEI Number
65-0999791

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MASON M.D.
27 FLETCHER AVE.

SARASOTA FL 34237 US

7. Name and Address of New Registered Agent

Name
RYDER B.K.

Street Address (P.O. Box Number is Not Acceptable)
4808 S. TAMiami TRAIL

#219

City SARASOTA FL Zip Code 34231

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 B.K. RYDER

04/30/2001

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) ☒

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TRES	RYDER KIRKWOOD BMR.	4808 S. TAMiami TRAIL #219	SARASOTA FL 34231	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SEC.	RYDER KIRKWOOD BMR.	4808 S. TAMiami TRAIL #219	SARASOTA FL 34231	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRES	RYDER BARCLAY KMR.	4808 S. TAMiami TRAIL #219	SARASOTA FL 34231	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: B.K. RYDER

Pres 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)