FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2001 8:00 am Secretary of State P00000094665 DOCUMENT # 1. Entity Name 09-17-2001 90148 043 ***150.00 TRI-COUNTY RECOVERY, INC. Principal Place of Business Mailing Address 315 NE THIRD AVENUE #100 315 NE THIRD AVENUE #100 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Same-517 S.W. 152 W SW DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For FI. LANDGROAGE Not Applicable \$8.75 Additional 5. Certificate of Status Desired U. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIGGE, ROBERT J JR Street Address (P.O. Box Number is Not Acceptable) 315 NE THIRD AVENUE #100 FT LAUDERDALE FL 33301 of changing its registered office or registered agent, or both, in the State of Florida. The above named entity submits the tatement for the purpos -01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (5/01) ☐ Addition ☐ Change TITLE TITLE. BIGGE, ROBERT J JR NAME NAME STREET ADDRESS 315 NE THIRD AVENUE #100 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-ZIP Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE _____Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change 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 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 optrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ottachment Off PODIXXVIA 41cles BUC 65558

TRI-COUNTY RECOVERY, INC.

517 S.W. First Avenue Fort Lauderdale, FL 33301 Facsimile: (954) 524-4169 Telephone: (954) 728-8700

September 12, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, FL.32302-1500

Re:

Tri-County Recovery, Inc.

Document #P00000094665

Dear Sir/Madam:

We have recently received the notice informing that the above referenced corporation did not file their 2001 Uniform Business Report. However, we did not have prior notice that the report had not been filed and would have filed it, had we known. We have enclosed herewith a completed 2001 Uniform Business Report and the fee of \$150.00, representing the annual fee for 2001, and request that the 2001 UBR be accepted, as we did not know the report had not been filed.

Thanking you in advance for your consideration of this matter.

Sincerely,

SUSAN RONIS

SR:hs

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