MAY.21.2001 1:58PM **BUSINESS REPORT (UBR)**

FILED
May 25, 2001 8:00 am
Secretary of State
05-25-2001 90293 019 ***158.75

DOCUMENT # P00000102934

1. Entity Name

Foreclosure Recovery Services, Inc.

Principal Place of Business: P.O. Box 7222, West Palm Beach, Fl 33405

Mailing Address: - Same -

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. P.O. Box 7222		Suite, Apt. #, etc. P.O. Box 7222	
City & State West Palm Beach, Fl		City & State West Palm Beach Fl	
Zip 33405	Country USA	Zip 33405	Country USA

4. FEI Number 65-1093332 ☐ 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
Vicky Weigert 521 Ebbtide Drive North Palm Beach, Fl 33408	Name Street Address (P.O. Box Number is Not Acceptable) 10124 Caoba St City Palm Beach Gardens FL Zip Code 33410

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 Vicky Weigert 5/21/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE President NAME Wendie Weigert STREET ADDRESS P.O. Box 7222 CITY-ST-ZIP West Palm Beach, Fl 33405	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Wendie Weigert 5/21/01 561-762-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #