

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114515

1. Entity Name

NATIONAL WORKERS COMPENSATION RECOVERY SYSTEMS,

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90047 039 ***150.00

000899

Principal Place of Business

Mailing Address

3803 CORPOREX PARK DRIVE
SUITE 700
TAMPA FL 33619

3803 CORPOREX PARK DRIVE
SUITE 700
TAMPA FL 33619

818412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 E. Park Ave

3. Mailing Address

PO Box 2368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Wales, FL 33853

City & State

Lake Wales, FL 33859-2368

4. FEI Number

59-3304363

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
SUITE 1114
MIAMI BEACH FL 33139

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

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
D
BRADLEY, HELENE
244 EAST PARK AVE.
LAKE WALES FL 33853 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUTLER, MICHAEL
2606 WEST WYOMING AVE.
TAMPA FL 33611 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

Helene M. Bradley

Helene M. Bradley 1/12/01 Director (863) 676-1681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)