

8/18

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 03, 2002 8:00 am
Secretary of State

08-18-2002 90140 017 ***150.00

DOCUMENT# P01000037710

1. Entity Name

COURTESY RECOVERY SERVICES, INC.

Principal Place of Business

**8564 NORMANDY BLVD.
JACKSONVILLE FL 32221**

Mailing Address

**8564 NORMANDY BLVD.
JACKSONVILLE FL 32221**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3708745

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SOWDERS, CURTIS J SR.
8564 NORMANDY BLVD.
JACKSONVILLE FL 32221**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/13/029. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete**D**
SOWDERS, CURTIS J
8564 NORMANDY BLVD.
JACKSONVILLE FL 32221

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-29-02 904 786-7687

CR2E034 (4/02)

Attachment
#P01000037710

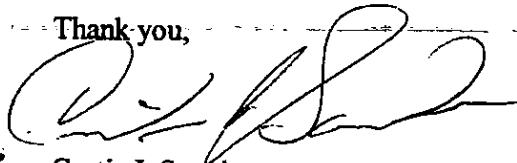
8 70651

August 13, 2002

To whom it may concern:

Courtesy Recovery Services never received notice for filing for my Division of Corporations. We only received the second notice. I have included the \$150.00 filing fee. If you need to contact me please do so at (904) 786-7687, or by fax at (904) 786-2487.

Thank you,



Curtis J. Sowders
Courtesy Recovery Services, Inc.