

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91474 048 ***150.00

DOCUMENT # P01000045993

1. Entity Name
ASSET RECOVERY FOUNDATION SYSTEMS, INC.



Principal Place of Business

**3521 ALMERIA AVE.
SARASOTA FL 34239**

Mailing Address

**P.O. BOX 2291
SARASOTA FL 34230**

2. Principal Place of Business

2180 MAIN ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

Country

34237

USA

Zip

Country

4. FEI Number

65-1107085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRANGLE, RAMSEY J
3521 ALMERIA AVE.
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

FRANKIE, RAMSEY J.

Street Address (P.O. Box Number is Not Acceptable)

2180 MAIN ST.

City

SARASOTA

FL

Zip Code

34237

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **FRANGLE, RAMSEY J**
STREET ADDRESS **P.O. BOX 2291**
CITY-ST-ZIP **SARASOTA FL 34230**

TITLE ☒ Delete
NAME **D STEWART, DAN**
STREET ADDRESS **P.O. BOX 2291**
CITY-ST-ZIP **SARASOTA FL 34230**

TITLE ☒ Delete
NAME **CHAD W. DUDECK**
STREET ADDRESS **PO Box 2291**
CITY-ST-ZIP **SARASOTA, FL 34230**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **CHAD W. DUDECK**
STREET ADDRESS **PO Box 2291**
CITY-ST-ZIP **SARASOTA, FL 34230**

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

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

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

12. 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 10 or Block 11 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

4/25/03

941-365-4007
Daytime Phone #

CR2E034 (10/02)