

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

04-29-2002 90156 035 ***158.75

DOCUMENT # P01000080037

1. Entity Name

JUDGEMENT RECOVERY OF FLORIDA, INC.

Principal Place of Business

28919 S DIXIE HWY
 HOMESTEAD FL 33033

Mailing Address

28919 S DIXIE HWY
 HOMESTEAD FL 33033

2. Principal Place of Business

28919 S. Dixie Hwy
 Suite, Apt. #, etc.

3. Mailing Address

2027 S.E. 26 Lane
 Suite, Apt. #, etc.

City & State

Homestead FL

Zip 33033

Country Mic-Dee

City & State

Idolante

Zip 33035

Country Mic-Dee

4. FEI Number

65-1131659

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VASCONCELLOS, JOHN P

28919 S DIXIE HWY
 HOMESTEAD FL 33033

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Linda J. Willis, President

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, 2002: 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	WILLIS, LINDA	
STREET ADDRESS	28919 S DIXIE HWY	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	D	<input type="checkbox"/> Delete
NAME	VASCONCELLOS, JOHN P	
STREET ADDRESS	28919 S DIXIE HWY	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Linda J. Willis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

Daytime Phone #

CR2E034 (9/01)