

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Mailed 2nd term  
4-28-03*

04-11-2003 9010000875  
P01000080037

**FILED**

03-MAY -1 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # **P01000080037**

1. Entity Name  
**JUDGEMENT RECOVERY OF FLORIDA, INC.**



Principal Place of Business *please correct spelling of Co. name*  
28919 S DIXIE HWY  
HOMESTEAD FL 33033

Mailing Address  
2027 SE 26 LANE  
HOMESTEAD FL 33035

*Judgment Recovery of Florida, Inc.*

2. Principal Place of Business

*2027 SE 26 Lane*  
Suite, Apt. #, etc.

3. Mailing Address

*2027 SE 26 Lane*  
Suite, Apt. #, etc.

City & State  
*Homestead Florida*

City & State  
*Homestead Florida*

4. FEI Number **65-1131659**

Applied For  
☐ Not Applicable

Zip **33035**

Country **USA**

Zip **33035**

Country **USA**

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

7. Name and Address of New Registered Agent

Name *Linda J. Willis*  
Street Address (P.O. Box Number is Not Acceptable)  
*2027 SE 26 Lane*  
*Homestead Florida 33035*  
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 *Linda J. Willis, President*  
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

*(158.75 enclosed ck)*

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Linda J. Willis, President* / *Judgment Recovery of Florida 33035*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-8-03*

*305-898-9386*

CR2E034 (10/02)