

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90306 004 ***150.00

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

DOCUMENT # *P01000100433*
1. Entity Name
Phoenix Asset Recovery Corp.



DO NOT WRITE IN THIS SPACE

11029947

2. Principal Place of Business
8295 No. Military Tr

3. Mailing Address
8295 No. Military Tr.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
A

Suite, Apt. #, etc.
A

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number
65-1150611

Applied For
Not Applicable

Zip
33410-6312

Country
USA

Zip
33410-6312

Country
USA

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

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name
Roger C. Hurd
Street Address (P.O. Box Number is Not Acceptable)
8295 No. Military Tr.
Suite A
City & State
Palm Beach Gardens FL Zip Code
33410

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
*P/O
Roger C. Hurd
1163 Rainwood Cir.
Palm Beach Gardens, FL 33410*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*S/T
Kathy W. Hurd
1163 Rainwood Cir.
Palm Beach Gardens, FL 33410*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*UD
Kevin P. Griffin
400 No. Hwy A-1-A
Jupiter, FL 33477*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger C. Hurd
Roger C. Hurd

4/28/03
Date

5616271534
Daytime Phone #

CR2E034B (12/02)