

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90196 009 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000106640**

1. Entity Name  
**DMV RECOVERY, INC**

Principal Place of Business  
**4036 EDISON AVENUE  
FORT MYERS FL 33916**

Mailing Address  
**4036 EDISON AVENUE  
FORT MYERS FL 33916**

**41156**



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 <b>65-1149464</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GLOVER, DAVID J  
4036 EDISON AVENUE  
FORT MYERS FL 33916**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PRESIDENT DAVID J. GLOVER 1507 BIRCHBURN RD FT. MYERS FL 33919</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VICE-PRESIDENT MIKE DUNKER 3824 SW 14TH AVE CAPTOWN FL 33914</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>SECRETARY CHERYL BAROWSKI 1795 POWELL DR. N. FORT MYERS FL 33917</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Treasurer William P. Glover, II 172 DOW LANE N. FT. MYERS FL 33917</b>	
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

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 another like empowered.

SIGNATURE: [Signature] **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/22/02 Daytime Phone # \_\_\_\_\_

CR2E034 (4/02)

*Attachment*



41156

**Cossentino & Orlando**

Accountants  
1402 Cape Coral Parkway  
Cape Coral, Florida 33904  
(941) 945-4939  
Fax (941) 945-4938

July 24, 2002

Florida Department of State  
Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: DMV Recovery, Inc.  
#P01000106640

To Whom It May Concern,

I am the accountant for the above mentioned client. In March of 2002, we contacted the Department of State because my client did not receive his annual filing report. For some reason, his annual report was sent back, and we are not sure why, since the address was correct when we called Tallahassee. They said they would send another blank form immediately, before the May 1st due date. In late April of 2002, we again called and informed the Department of State that we have not received the blank form. We finally received this form on July 19, after another phone call was made. We complained to the Department of State, that because of their error, we did not feel that we were liable for the \$550.00 fee. They advised us that we should send in this letter explaining the circumstances, and that the \$150.00 fee would be accepted.

If you should have any questions, please feel free to contact me.

Thank you,

Salvatore J. Cossentino