

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000108959

FILED
Apr 09, 2002 8:00 AM
Secretary of State

Entity Name: SPECIALIZED COLLATERAL RECOVERY CORP.

Current Principal Place of Business:

8286 WESTERN WAY CIRCLE
JACKSONVILLE, FL 32256

New Principal Place of Business:

8286 WESTERN WAY CIRCLE
D-3
JACKSONVILLE, FL 32256

Current Mailing Address:

8286 WESTERN WAY CIRCLE
JACKSONVILLE, FL 32256

New Mailing Address:

8286 WESTERN WAY CIRCLE
D-3
JACKSONVILLE, FL 32256

FEI Number: 30-0027180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD A. CAPLAN, ATTORNEY, P.A.
3900 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: MANGANI, SANDY MS.
Address: 37 MCKINLEY AVE.
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: D () Change (X) Addition
Name: CAPLAN, HOWARD MR.
Address: 3900 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Change (X) Addition
Name: LANE, JODY MS.
Address: 115 RED OAK LANE
City-St-Zip: CONROE, TX 77304

Title: P () Change (X) Addition
Name: KEETON, ROBERT A MR.
Address: 4622 DEEP RIVER PL
City-St-Zip: JACKSONVILLE, FL 32224

Title: V () Change (X) Addition
Name: KEETON, JEFF R MR.
Address: 4622 DEEP RIVER PL
City-St-Zip: JACKSONVILLE, FL 32224

Title: S/T () Change (X) Addition
Name: KEETON, DIANA MS.
Address: 4622 DEEP RIVER PL
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. KEETON

P

04/09/2002

Electronic Signature of Signing Officer or Director

Date