

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0048275 AV

DOCUMENT # P01000112829

1. Entity Name  
FIRST FLORIDA RECOVERY (TALLAHASSEE) INC.



FILED

03 MAY -8 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2608 SPRINGHILL RD.  
TALLAHASSEE FL 32312

Mailing Address  
P.O. BOX 3283  
TALLAHASSEE FL 32315

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 90-0001117

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, ALDEN G  
4332 AMBER VALLEY DR.  
TALLAHASSEE FL 32312

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 \_\_\_\_\_ (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**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
D MORRISON, ALDEN G  
STREET ADDRESS 4332 AMBER VALLEY DR.  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE NAME ☐ Change ☐ Addition  
50001883755  
05/13/03--01055--007 \*\*150.00

TITLE NAME ☐ Delete  
D MORRISON, KATHRYN R  
STREET ADDRESS 4332 AMBER VALLEY DR.  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ 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:

*Signature of Morrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/03  
Date

Daytime Phone #

CR2E034 (10/02)