

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90187 009 ***150.00

DOCUMENT # P02000066541

1. Entity Name
FASTTRAC RECOVERY, INC.



Principal Place of Business
P. O. BOX 1311
GREEN COVE SPRINGS FL 32043

Mailing Address
P. O. BOX 1311
GREEN COVE SPRINGS FL 32043



2. Principal Place of Business
P.O. Box 830

3. Mailing Address
P.O. Box 830

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Middleburg, FL.

City & State
Middleburg, FL.

4. FEI Number
59-3717913

Applied For
Not Applicable

Zip
32050

Country
Clay

Zip
32050

Country
clay

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEPINGER, JEFFREY A
327 N. ORANGE AVE.
GREEN COVE SPRINGS FL 32043

Name
Street Address (P.O. Box Number is Not Acceptable)
1761 Treland Avenue
City
Middleburg **FL** **Zip Code**
32008

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 *Jeffrey A. Klepinger*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KLEPINGER, JEFFREY A**
STREET ADDRESS **P.O. BOX 1311**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** ☒ Change ☐ Addition
NAME **Jeffrey A. Klepinger**
STREET ADDRESS **P.O. Box 830**
CITY-ST-ZIP **Middleburg, FL 32050-0830**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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: *Jeffrey A. Klepinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03 904-813-0555
Date Daytime Phone #

CR2E034 (10/02)