

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2003 8:00 am
Secretary of State

8/2

08-22-2003 90105 016 ***550.00

DOCUMENT # P02000112111

1. Entity Name
RECOVERY CONSULTANTS, INC



Principal Place of Business
1460 GEMINI BLVD. #2
ORLANDO FL 32837

Mailing Address
10316 LOLLOPOP LANE
ORLANDO FL 32821

55055625

2. Principal Place of Business
4651 Sheridan St.

3. Mailing Address
4651 Sheridan St.

Suite, Apt. #, etc.
#100

Suite, Apt. #, etc.
#100

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

Zip
33021

Country
USA

Zip
33021

Country
USA

4. FEI Number
33-1035507

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

KOSS, JEREMY
4651 SHERIDAN STREET, SUITE 100
HOLLYWOOD FL 33021

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES., V.P., SEC. + TREAS. + DIRECTOR ☐ Delete
NAME JEREMY KOSS
STREET ADDRESS 4651 SHERIDAN ST. #100
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 empowerments.

SIGNATURE: **SIGNATURE REQUIRED, Director**

8/20/03

954 364 0067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (4/03)