

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055864

1. Entity Name

COLLECTIONS AND RECOVERY ENTERPRISES, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90059 024 ***150.00

Principal Place of Business

421 2ND STREET NW
WINTER HAVEN FL 33881

Mailing Address

P.O. BOX 269
WINTER HAVEN FL 33882-0269
US

2. Principal Place of Business

301 3RD ST NW

Suite, Apt. #, etc.

SUITE 201

3. Mailing Address

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL

City & State

Zip

33881

Country

POLK

Zip

Country

4. FEI Number

59-3197138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREIJO, TOM D.
421 2ND STREET NW
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

SANDRA J. FREIJO

Street Address (P.O. Box Number is Not Acceptable)

301 3RD ST NW STE 201

City

WINTER HAVEN

FL

Zip Code

33881

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.

SIGNATURE

Sandra J. Freijo DPVST -
SANDRA J. FREIJO

Signature typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	DP FREIJO, SANDRA J 66 LAKE LINK CIRCLE WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FREIJO, TOM D 66 LAKE LINK CIRCLE WINTER HAVEN FL	<input checked="" 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	DPVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 all other like empowered.

SIGNATURE:

Sandra J. Freijo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

(863) 291-0515

Daytime Phone #

CR2E034 (10/00)