

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90209 022 ***150.00

DOCUMENT # P93000070990

1. Entity Name

RECOVERY SYSTEMS OF AMERICA, INC.

Principal Place of Business

**1591 GULF BLVD.
 #501
 CLEARWATER FL 33767**

Mailing Address

**1591 GULF BLVD.
 #501
 CLEARWATER FL 33767**

80009629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1591 Gulf Blvd.

Clearwater #501

**City & State
 Clearwater, Fla**

**Zip Country
 33767 Pinellas**

3. Mailing Address

1591 Gulf Blvd.

#501

**City & State
 Clearwater, Fla**

**Zip Country
 33767 Pinellas**

4. FEI Number

59-3214981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GEORGE, BRIAN T
 1591 GULF BLVD.
 #501
 CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

**Name
 George, Brian T.
 Street Address (P.O. Box Number is Not acceptable)
 1591 Gulf Blvd.
 #501
 City
 Clearwater FL Zip Code
 33767**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-5-02
 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, 2002 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	P	<input type="checkbox"/> Delete
NAME	GEORGE, BRIAN T	
STREET ADDRESS	1591 GULF BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-02
 Date

813-220-5279
 Daytime Phone #

CR2E034 (9/01)