FILED
Jul 04, 2002 8:00 am
Secretary of State
04-24-2002 90391 044 ***150.00

96506

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080866

1. Entity Name
INTERNATIONAL RESEARCH & RECOVERY, INC.

Principal Place of Business	Mailing Address
302 GARDENS DRIVE SUITE 103 POMPANO BEACH FL 33069 US	PO BOX 936015 MARGATE FL 33093 US

2. Principal Place of Business	3. Mailing Address
300 Gardens	
Suite, Apt. #, etc. 1500	Suite, Apt. #, etc.
City & State Pompano Bch	City & State
Zip 33069 Country	Zip Country

4. FEI Number 65-0552422 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BODNER, KEITH
302 GARDENS DRIVE, SUITE 103
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent
Name ~~[illegible]~~
Street Address (P.O. Box Number is Not Acceptable) 9980 ~~[illegible]~~
City Cooper City ~~[illegible]~~ FL Zip Code 330[illegible]

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, typed or printed name of registered agent and title 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BODNER, KEITH L 302 GARDENS DRIVE SUITE 103 POMPANO BEACH FL 33069	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BASILE, JANICE 302 GARDENS DR SUITE 103 POMPANO BEACH FL 33069	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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

3/31/02
Date Daytime Phone #