

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2001 8:00 am
Secretary of State

05-23-2001 90229 012 ***150.00

DOCUMENT # P95000006749

1. Entity Name
Revenue Recovery Services, Inc.

Principal Place of Business **Mailing Address**

4344 WHISPERING WOODS PL.
SARASOTA, FL. 34233

2. Principal Place of Business

4344 WHISPERING WOODS PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

Zip

34233

Country

USA

Zip

34233

Country

USA

4. FEI Number

65-0550640

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DANA J. WATTS, ESQ.
1601 MAIN ST.
SARASOTA, FL. 34237

7. Name and Address of New Registered Agent

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.

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!!!
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete
NAME MARY KAY CAPUANO
STREET ADDRESS 4344 WHISPERING WOODS, PL.
CITY - ST - ZIP SARASOTA, FL. 34233

TITLE VICE PRESIDENT ☐ Delete
NAME NICHOLAS P. CAPUANO
STREET ADDRESS 4344 WHISPERING WOODS, PL.
CITY - ST - ZIP SARASOTA, FL. 34233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
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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: Nicholas P. Capuano, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/01 941 925-0444
Date Daytime Phone #

CR2E034 (11/00)

RR\$

Attachment

660039

Document # P95000006749

REVENUE RECOVERY SERVICES, INC.

4411 Bee Ridge Road, Suite 226

Sarasota, FL 34233

TEL: (813) 925-0444

FAX: (813) 923-4806

5/2/01
TO Whom IT MAY CONCERN,

WE DID NOT RECIEVE

OUR FORM VIA U.S. MAIL

WE WERE ADVISED BY
YOU OFFICE TO GET THE
DOWN LOADED COPY FILLED-OUT
AND MAILED TODAY.

Respectfully,

Nick Capuano N.P.