

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081414

1. Entity Name

RECOVERY RESOURCES ENTERPRISES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90119 015 ***150.00

Principal Place of Business

Mailing Address

9112 ALT AIA, SUITE 104
LAKE PARK FL 33403

9112 ALT AIA, SUITE 104
LAKE PARK FL 33403

2. Principal Place of Business

3. Mailing Address

450 Northlake Blvd.

450 Northlake

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11

11

City & State
Lake Park, FL

City & State
Lake Park, FL

Zip
33403

Country
Palm Beach

Zip
33403

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0629737

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRADER, WILLIAM E
9112 ALT AIA, SUITE 104
LAKE PARK FL 33403

Name

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

450 Northlake Blvd. # 11

City Lake Park,

FL

Zip Code 33403

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 *William Schrader*

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

(NOTE: Registered Agent signature required when reinstating)

4-19-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHRADER, WILLIAM E
CITY-ST-ZIP 9112 ALT AIA, SUITE 104
LAKE PARK FL 33403

TITLE ☒ Change ☐ Addition
NAME 450 Northlake Blvd. # 11
STREET ADDRESS Lake Park, FL 33403
CITY-ST-ZIP

TITLE ☐ Delete
NAME +
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Fred Petersen
CITY-ST-ZIP 450 Northlake Blvd. # 11
Lake Park, FL 33403

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William Schrader
WILLIAM SCHRADER REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2000

DATE

561-882-9821

DAYTIME PHONE #

CR2E034 (9/99)