

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089003

1. Entity Name

B & W RECOVERY, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90074 004 ***150.00

Principal Place of Business 1520 SOUTHEAST THIRD AVENUE FORT LAUDERDALE FL 33316-2502	Mailing Address 1520 SOUTHEAST THIRD AVENUE FORT LAUDERDALE FL 33316-2502
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0624959

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

WAGNER, BRUCE E
1520 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE FL 33316-2502

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!!! 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	P	☐ Delete
NAME	WAGNER, BRUCE E	
STREET ADDRESS	1520 SOUTHEAST THIRD AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316-2502	

TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	WAGNER, BRUCE E.	
STREET ADDRESS	1520 SE 3RD AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	☐ Change ☐ Addition
NAME	WAGNER, BRUCE E.	
STREET ADDRESS	1520 SE 3RD AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	☐ Change ☐ Addition
NAME	WAGNER, BRUCE E	
STREET ADDRESS	1520 SE 3RD AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)