

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90124 027 ***150.00

DOCUMENT # P96000022324

1. Entity Name

RECOBOND, INC.

Principal Place of Business

1776 LAKE WORTH RD.
 STE. 200
 LAKE WORTH FL 33460
 US

Mailing Address

1776 LAKE WORTH RD.
 STE. 200
 LAKE WORTH FL 33460
 US

2. Principal Place of Business

1115 Highland Bch Dr

3. Mailing Address

1115 Highland Bch Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Highland Bch FL

City & State

Highland Bch FL

4. FEI Number

65-0683195

Applied For

Not Applicable

Zip

Country

33487

USA

Zip

Country

33487

USA

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

FAICHNEY, MARGARET A
11380 PROSPERITY FARMS ROAD, SUITE #112
PALM BEACH GARDENS FL 33410

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, 2001 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 **BRISSON, DALE**
 STREET ADDRESS **1776 LAKE WORTH ROAD, #200**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **P** ☒ Change ☐ Addition
 NAME **DALE BRISSON**
 STREET ADDRESS **1115 Highland Bch Drive**
 CITY-ST-ZIP **Highland Bch FL 33487**

TITLE **VPD** ☐ Delete
 NAME **BRISSON, JOSEPH**
 STREET ADDRESS **1776 LAKE WORTH ROAD, #200**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **BRISSON, Joseph**
 STREET ADDRESS **1115 Highland Bch Dr**
 CITY-ST-ZIP **Highland Bch FL 33487**

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:

Dale J. Brisson pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)