

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 13, 2000 8:00 am
Secretary of State**

06-13-2000 90002 012 ***550.00

DOCUMENT # P96000025158

1. Entity Name

LOSS RECOVERY, INC.

Principal Place of Business

Mailing Address

**5838 COMMERCE ROAD
MILTON FL 32583****5838 COMMERCE ROAD
MILTON FL 32583-2346**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3380664

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DICKSON, BARRY E
121 PALAFOX PL
SUITE C
PENSACOLA FL 32501**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P		<input type="checkbox"/> Delete		VP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	PAULLIN, GARY	5838 COMMERCE RD.			Howard, Billy G.	4581 Davenport Ln. #10	
		MILTON FL 32583			Pace, FL 32571		
	ST		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SILBER, BARRY	226 E. GOVERNMENT					
		PENSACOLA FL 32501					
	VP		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HUNTER, TERRY M	5838 COMMERCE ROAD					
		MILTON FL 32583					
	VP		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DAHLQUIST, BARRY C	5838 COMMERCE ROAD					
		MILTON FL 32583					
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

Gary Paullin 6-8-00 850-620-9494