

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058083

1. Entity Name

AUTO RECOVERY SERVICE, INC.

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

04-27-2000 90010 049 ***150.00

Principal Place of Business

Mailing Address

~~2550 SOUTH PARK ROAD~~
~~PEMBROKE PARK FL 33009~~
~~US~~

~~2550 SOUTH PARK ROAD~~
~~PEMBROKE PARK FL 33009-3814~~
~~US~~

2. Principal Place of Business

3. Mailing Address

460 N. SR 7

P.O. BOX 120277

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plantation FL

Plantation FL

Zip

Country

Zip

Country

33317

US

33312

US

4. FEI Number

NOT APPLICABLE

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

LONDON, MARK S
4030-C SHERIDAN STREET
HOLLYWOOD FL 33021

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 PT ☐ Delete
NAME GARNER, BILL M
STREET ADDRESS 2550 S PARK RD
CITY-ST-ZIP PEMBROKE PARK FL 33009

TITLE PRES / S / D ☒ Change ☐ Addition
NAME GARNER, BILL M
STREET ADDRESS P.O. BOX 120277
CITY-ST-ZIP Plantation FL 33312 0277

TITLE VP ☐ Delete
NAME HURST, DOUG
STREET ADDRESS 2550 S. PARK RD
CITY-ST-ZIP PEMBROKE PARK FL 33009

TITLE UP / D ☒ Change ☐ Addition
NAME HURST, DOUGLASS
STREET ADDRESS P.O. BOX 120277
CITY-ST-ZIP Plantation FL 33312 0277

TITLE ~~S~~ ☒ Delete
NAME ~~KURTZ, CARL~~
STREET ADDRESS ~~2550 S. PARK~~
CITY-ST-ZIP ~~PEMBROKE PARK FL 33009~~

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

TITLE T ☐ Delete
NAME HURST, JULIE
STREET ADDRESS 2550 SOUTH PARK ROAD
CITY-ST-ZIP PEMBROKE PARK FL 33009

TITLE T / D ☒ Change ☐ Addition
NAME HURST, JULIE
STREET ADDRESS P.O. BOX 120277
CITY-ST-ZIP Plantation FL 33312 0277

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 954-987-7676

CR2E034 (9/99)