

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086444

1. Entity Name

RECOVERY PRO, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90002 030 \*\*\*150.00

Principal Place of Business

8286 WESTERN WAY CIR  
C2-B  
JACKSONVILLE FL 32256  
US

Mailing Address

8286 WESTERN WAY CIR  
C2-B  
JACKSONVILLE FL 32256-0369  
US

2. Principal Place of Business

1800 The Greens Way

3. Mailing Address

7751 Belfort Parkway

Suite, Apt. #, etc.

Ste. 1808

Suite, Apt. #, etc.

Ste 120

City & State

Jacksonville Bch, FL

City & State

Jacksonville, FL

Zip

Country

32250

USA

Zip

Country

32256

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS-PROCHNIAK, NANCY

7400 BAYMEADOWS WAY

SUITE 315

JACKSONVILLE FL 32256

7751 Belfort Parkway

Suite 120

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 ☐ Delete  
NAME D  
STREET ADDRESS DAVIS-PROCHNIAK, NANCY  
CITY-ST-ZIP 8286 WESTERN WAY CIR STE C2-B  
JACKSONVILLE FL 32256

TITLE ☒ Change ☐ Addition  
NAME 1800 The Greens Way, Ste 1808  
STREET ADDRESS Jacksonville Bch, FL 32250  
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

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)