## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9700032079

1. Entity Name

PHOENIX RECOVERY FOUNDATION, INC.

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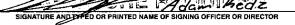
FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90453 022 \*\*\*150.00

Principal Plac- 1325C DEL PR CAPE CORAL I US	ADO BV	Mailing Address 1325C DEL PRADO BV- CAPE CORAL FL 33990 US							
2. Principal Place of Business		3. Mailing Address				T EMMITTÜME EIM TMIEL IMMEL MATITE MANTE MATITE	<b>ap</b> (161 <b>0</b> 4606) <b>va</b> jt)	f 1941 <b>0</b> 1411 1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State		o.=	4. FEI Number 65-0740291		<del> </del> -	Applied For Not Applicable	}
Zip	Country Zip		Count	ıntry 5		Certificate of Status Desired	\$8.75 A	.75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
CARY, DAY			Street Address			(P.O. Box Number is Not Acceptable)			
	L PRADO BLVD.								
CAPE COP	IAL FL 33990								j
				City		F	Zip Co	de	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or regist	tered ago	ent, or both, in the State of Florida. I a	m familiar with	n, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	1 Agent signature requi	ired when re	instating) DATI	E		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		<b>00</b> May Be ed to Fees	
10.	OFFICERS AND		11.	· · · · · · · · · · · · · · · · · · ·	AD	DITIONS/CHANGES TO OFFICERS'A			7~
	D Kedz, Adam	☐ Delete TITLE NAM					Change	Addition	0/0
STREET ADDRESS	N FT MYERS FL 33903			ET ADDRESS ST-ZIP					F034 (10/02
	D	☐ Delete			☐ Change		☐ Addition	] <u>B</u>	
	CARY, DAVID W		NAME						-
	1325 C DEL PRADO BV CAPE CORAL FL*33990			ET ADORESS ST-ZIP					
TITLE			TITLE				Change	Addition	1
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z. I nereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



4-15-03

877.775.7376