

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000076676**1. Entity Name
BUCKEYE RECOVERY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4302 EAST 10TH AVE	4317 GANDY BLVD
#404	STE 141
TAMPA	TAMPA
33605	33611
US	US

2. Principal Place of Business
4206 EAST 10TH AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State

Zip
33605Country
US

Zip

Country

4. FEI Number
59-3466121Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSNYDER PHILLIP W
4302 E 10TH AVE
SUITE 404
TAMPA FL
33605**7. Name and Address of New Registered Agent**Name
SNYDER PHILLIP W
Street Address (P.O. Box Number is Not Acceptable)
4206 EAST 10TH AVE
City
TAMPA FL
Zip Code
33605

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 _____ **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 VD
CAMPBELL RODERICK A ☐ Delete
STREET ADDRESS
4302 E 10TH AVE #404
CITY-ST-ZIP TAMPA FL 33605TITLE
NAME VD ☒ Change ☐ Addition
CAMPBELL RODERICK A
STREET ADDRESS
4206 E 10TH AVE
CITY-ST-ZIP TAMPA FL 33605TITLE
NAME TD
SNYDER ROLINDA M ☐ Delete
STREET ADDRESS
4302 EAST 10TH AVE #404
CITY-ST-ZIP TAMPA FL 33605TITLE
NAME TD ☒ Change ☐ Addition
SNYDER ROLINDA M
STREET ADDRESS
4206 EAST 10TH AVE
CITY-ST-ZIP TAMPA FL 33605TITLE
NAME PD
SNYDER PHILLIP W ☐ Delete
STREET ADDRESS
4302 EAST 10TH AVE #404
CITY-ST-ZIP TAMPA FL 33605TITLE
NAME PD ☒ Change ☐ Addition
SNYDER PHILLIP W
STREET ADDRESS
4206 EAST 10TH AVE
CITY-ST-ZIP TAMPA FL 33605TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: PHILLIP W. SNYDER

PD 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)