Jun 19, 2001 8:00 am DOCUMENT # QQT (9000 Secretary of State :1.-Entity Name 06-19-2001 90006 028 ***150.00 Asset Recovery, Incorporated Principal Place of Business Mailing Address P.O. Box 547536 P.O. Box 547536 Orlando, FL 32854 Orlando, FL 32854 2. Principal Place of Business 3. Mailing Address P.O. Box 547536 P.O. Box 547536 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Orlabed City & State City & State 4. FEI Number Applied For Not Applicable Orlando, FL Orlando, 59-3497959 Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 32854 32854 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Scott R. Corbett Scott R. Corbett Street Address (P.O. Box Number is Not Acceptable) 940 N. Highland Avenue Zip Code City Orlando 32802 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (11/00) TITLE Change Addition Delete TITLE President President NAME NAME Douglas C. White Douglas C. White STREET ADDRESS STREET ADDRESS P.O. Box 547536 CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32854 TITLE ☐ Delete Change ☐ Addition TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 reports true and accurate a a thanking 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 empewered to secure his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on a

attachment with

CITY-\$1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

56/12/01

(407) 649-8300

Daytime Phone #

a a





P.O. Box 547536, Orlando, FL 32854 Phone (407) 649-8300

May 7, 2001

Katherine Harris Secretary of State **DIVISION OF CORPORATIONS** P.O. Box 6327 Tallahassee, FL 32314

Dear Ms. Harris,

I am formally requesting consideration of abatement with regards to the filing fees for our company's Corporation Annual Report. It appears that Asset Recovery, Inc. has not received the package normally provided by the Florida Department of State.

Our company is small and we have a punctual history of paying our bills with the State of Florida with regularity. Please review the documents I have provided and our history of paying our Corporation Annual Reports and I believe you will see that our history of timely payments speaks volumes of how we handle our affairs.

In the meantime, I have included a \$150.00 check for the 2001 Filing Fees and ask that you give consideration to our request. If a one time abatement is not possible could we structure a payment plan with your office for the \$400.00 penalty.

Thank you for your help and consideration regarding this matter.

Sincerely,

Douglas C. White Asset Recovery, Inc.

Enclosures