

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90029 006 ***150.00

DOCUMENT # P97000085335

1. Entity Name

ASSET RECOVERY, INCORPORATED

Principal Place of Business

P.O. BOX 547536
 ORLANDO FL 32854
 US

Mailing Address

P.O. BOX 547536
 ORLANDO FL 32854
 US

2. Principal Place of Business

1501 W. Colonial Drive
 Suite, Apt. #, etc.
P.O. Box 547536

3. Mailing Address

1501 W. Colonial Drive
 Suite, Apt. #, etc.
P.O. Box 547536

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32854-7536

Country

U.S.A.

Zip

32854-7536

Country

U.S.A.

4. FEI Number

59-3497959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORBETT, SCOTT R
940 N HIGHLAND AVENUE
ORLANDO FL 32802

Change of Address →

7. Name and Address of New Registered Agent

Name

Corbett, Scott R

Street Address (P.O. Box Number is Not Acceptable)

1501 W. Colonial Drive

City

Orlando

FL

Zip Code

32804

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]

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

04/05/02

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, DOUGLAS C	
STREET ADDRESS	P.O. BOX 547536	
CITY-ST-ZIP	ORLANDO FL 32854	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	White, Douglas C. (President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 W. Colonial Drive	
STREET ADDRESS	P.O. Box 547536	
CITY-ST-ZIP	Orlando, FL 32854-7536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

04/05/02

DATE

Daytime Phone #

0112051 AV

CR2E034 (9/01)