

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003969

1. Entity Name

FIREHOUSE RECOVERY, INC.

**FILED**  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90134 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

SAN JOSE BLVD  
JACKSONVILLE FL 32257

9850-5 SAN JOSE BLVD  
JACKSONVILLE FL 32257-5495

2. Principal Place of Business

3410 Kori Rd.

Suite, Apt. #, etc.

3. Mailing Address

3410 Kori Rd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

City & State

Jacksonville, FL

Zip

32257

Country

4. FEI Number

59-3486752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SORENSEN, CHRIS  
9850-5 SAN JOSE BLVD  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

Chris Sorensen

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

3410 Kori Rd.

City

Jacksonville

FL

Zip Code

32257

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SORENSEN, ROBIN	
STREET ADDRESS	9850-5 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SORENSEN, CHRIS	
STREET ADDRESS	9850-5 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin Sorensen	
STREET ADDRESS	3410 Kori Rd.	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Sorensen	
STREET ADDRESS	3410 Kori Rd.	
CITY-ST-ZIP	Jacksonville FL 32257	
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:

*Robin Sorensen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/00

Daytime Phone #

(904) 886-8300

CR2E034 (9/99)