

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053348

1. Entity Name

SOUTHERN RECOVERY, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90021 049 \*\*\*550.00

Principal Place of Business

4725 50TH STREET WEST  
APT. 1412  
BRADENTON FL 34210

Mailing Address

PO BOX 20032  
BRADENTON FL 34204

2. Principal Place of Business

8115-2 45th CTE

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

4. FEI Number

65-0851282

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRADY, TODD D  
4725 50TH STREET WEST  
APT. 1412  
BRADENTON FL 34210

7. Name and Address of New Registered Agent

Name

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

8115-2 45th CTE

City

SARASOTA

FL

Zip Code

34243

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D  
NAME BRADY, TODD D  
STREET ADDRESS 4725 50TH STREET WEST, APT.  
CITY-ST-ZIP BRADENTON FL 34210

☐ Delete

TITLE  
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STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

TODD DUBINZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00

Date

941 355-7117

Daytime Phone #

CR2E034 (5/00)