

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90440 037 ***150.00

DOCUMENT # P98000070136

1. Entity Name

BREAKTHROUGH RECOVERY SERVICES, INC.

Principal Place of Business

Mailing Address

**HWY 441 SE
 FL 34974**

**1925 HWY 441 SE
 OKEECHOBEE FL 34974-7315**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Name and Address of Current Registered Agent

**LAMBERTI, ENRICO
 2341 SE 27 STREET
 OKEECHOBEE FL 34974**

4. FEI Number

65-0876566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P LAMBERTI, ENRICO 2341 SE 27TH ST OKEECHOBEE FL 34974 ST LAMBERTI, VIKI 2341 SE 27TH ST OKEECHOBEE FL-34974	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #