

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031049

1. Entity Name

GATOR RECOVERY INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90002 009 ***150.00

Principal Place of Business

5535 OLD PERKINS HWY
DELEON SPRINGS FL 32130

Mailing Address

5535 OLD PERKINS HWY
DELEON SPRINGS FL 32130

2. Principal Place of Business

5535 Old Perkins Hwy
Suite, Apt. #, etc.

3. Mailing Address

S/A
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DeLeon Springs FL

City & State

S/A

4. FEI Number

59-3587743

Applied For

Not Applicable

Zip

32130

Country

USA

Zip

S/A

Country

S/A

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ODIS F JR
5535 OLD PERKINS HWY
DELEON SPRINGS FL 32130

7. Name and Address of New Registered Agent

Name
SAME

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

S/A

City
S/A

FL

Zip Code
S/A

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)

DATE

8/4/00

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 NAME STREET ADDRESS CITY-ST-ZIP

OWNER
Odus F. Lewis Jr.
5535 Old Perkins Hwy.
DeLeon Springs, FL 32130

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/00

985-5566

Date

Daytime Phone

CR2E034 (5/00)

Attachment
DOC# D99000031049
DWM99

To Whom It May Concerns

This is our first year in business & this is the first notice we have received. When I called the lady told us to write this letter and send \$/50.00 to you.

Thanks,
Gator Recovery