

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096907

1. Entity Name

NIGHTHAWK RECOVERY INC.

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90028 039 ***150.00

Principal Place of Business

PO BOX 592654
ORLANDO FL 32859

Mailing Address

PO BOX 592654
ORLANDO FL 32859

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUPT, ROBERT J
810 W NEW NOLTE RD
ST CLOUD FL 34769

Name

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

City

FL

Zip Code

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	OWNER / PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT J. LUDT	
STREET ADDRESS	810 W. NEW NOLTE RD.	
CITY-ST-ZIP	ST. CLOUD, FL. 34769	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	PAULA M. LUDT	
STREET ADDRESS	810 W. NEW NOLTE RD.	
CITY-ST-ZIP	ST. CLOUD, FL. 34769	
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		
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
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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:

Paula M. Ludt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-00

407

957-6888

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
DH#P29000096907
DUN80622 8-14-00

TO WHOM IT MAY CONCERN,

I CONTACTED YOUR OFFICE CONCERNED WHEN WE RECEIVED THIS FORM OWING \$550.00. I WAS TOLD THAT THE REGULAR FEE IS \$150.00 BUT THAT THE REST WAS A FINE. THIS IS THE FIRST NOTICE THAT WE HAVE EVER GOTTEN FROM YOUR OFFICE, IT HASN'T EVEN BEEN A FULL YEAR SINCE YWE INC. I HAD NO IDEA OF THE FEE'S OR WHEN THEY WERE DUE.

I WAS INSTRUCTED BY YOUR OFFICE TO SEND THIS LETTER OF EXPLANATION WITH THE NORMAL FEE OF \$150.00.

THANK YOU FOR YOUR COOPERATION & UNDERSTANDING OF MY IGNORANCE.

THANKS,

NIGHTHAWK RECOVERY,
Paula Luth