

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105224

1. Entity Name

C.F.M. RECOVERY GROUP, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90096 028 \*\*\*150.00

Principal Place of Business

6510 24TH AVE EAST  
TAMPA FL 33619-1704

Mailing Address

6510 24TH AVE EAST  
TAMPA FL 33619-1704

2. Principal Place of Business

7410 Dormany Loop Rd  
Suite, Apt. #, etc.

3. Mailing Address

7410 Dormany Loop Rd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plant City FL

City & State

Plant City FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

33565-3339

Country

USA

Zip

33565-3339

Country

USA

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

SWARTZBAUGH, BARBARA  
1707 E NAVAJO AVE  
TAMPA FL 33612

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

*Barbara D. Swartzbaugh*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S/T	<input type="checkbox"/> Delete
NAME	ARMOLD, CHARLES K	
STREET ADDRESS	6510 24TH AVE EAST	
CITY-ST-ZIP	TAMPA FL 33619-1704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Charles K. Armold*

Date

Daytime Phone #

CR2E034 (9/99)