

2001 UNIFORM BUSINESS REPORT (UBR)

2

FILED
May 11, 2001 8:00 am
Secretary of State

02-27-2001 90338 026 ***150.00

DOCUMENT # P99000105224

1. Entity Name

C.F.M. RECOVERY GROUP, INC.

Principal Place of Business

Mailing Address

7410 DORMANY LOOP ROAD
 PLANT CITY FL 33565-3339

7410 DORMANY LOOP ROAD
 PLANT CITY FL 33565-3339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPST
 ARMOLD, CHARLES K
 6510 24TH AVE EAST
 TAMPA FL 33619-1704** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**7410 DORMANY Loop Road
 Plant City FL 33565-3339** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 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)(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

Date

Daytime Phone #

2-12-01 315-986-4098

CR2E034 (10/00)

Form **SS-4**(Rev April 2000)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)► **Keep a copy for your records.**

EIN

OMB No. 1545-0003

PLEASE
PRINT
CLEARLY
OR**1** Name of Applicant (legal name) (see instructions)

C.F.M. RECOVERY GROUP INC

2 Trade Name of Business (if different from name on line 1)**3** Executor, Trustee, 'Care of' Name**4a** Mailing Address (street address) (room, apartment, or suite number)

7410 DORMANY LOOP ROAD

5a Business Address (if different from address on lines 4a and 4b)**4b** City State ZIP Code

PLANT CITY

FL 33565-3339

5b City State ZIP Code**6** County and State Where Principal Business is Located**7** Name of Principal Officer, General Partner, Grantor, Owner, or Trustor — SSN or ITIN may be required (see instructions)

CHARLES K ARMOLD

262-51-0655

8a Type of entity (Check only one box) (see instructions)**Caution:** If applicant is a limited liability company, see the instructions for line 8a.☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☒ Personal service corp☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ►☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country
(if applicable) where incorporated

State

FLORIDA

Foreign Country

9 Reason for applying (Check only one box.) (see instructions)☒ Started new business (specify type) ►

AUTO REPOSSION

☐ Hired employees. (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►**10** Date business started or acquired (month, day, year) (see instructions)

12/06/99

11 Closing month of accounting year (see instructions)

DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is
a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)

► UNKNOWN

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant
does not expect to have any employees during the period, enter '0' (see instructions)

Nonagricultural

Agricultural

Household

0

0

0

14 Principal activity (see instructions) ► AUTO REPOSESSION**15** Is the principal business activity manufacturing?☐ Yes☒ No

If 'Yes,' principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.☐ Business (wholesale)☐ Public (retail)☒ Other (specify) ► BANKS☐ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business?☐ Yes☒ No**Note:** If 'Yes,' please complete lines 17b and 17c.**17b** If you checked 'Yes' on line 17a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate Date When Filed (month, day, year)

City and State Where Filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business Telephone Number
(include area code)

(813) 977-2914

Fax Telephone Number (include
area code)

(813) 977-2914

Name and Title (Please type or print clearly.) ► BARBARA SWARTZBAUGH, REGISTERED AGENT

Signature ►

Date ► 04/30/01

Note: Do not write below this line. For official use only.Please leave
blank ►

Geo.

Ind.

Class.

Size

Reason for Applying