

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2001 90041 029 ***150.00

DOCUMENT # S79292

1. Entity Name
ASSET PROTECTION & RECOVERY, INC.

Principal Place of Business
**5118 N. 56TH ST.
STE. 117
TAMPA FL 33610
US**

Mailing Address
**5118 N. 56TH STREET
SUITE 117
TAMPA FL 33610
US**

2. Principal Place of Business
1705 CAPE BEND AVE.
Suite, Apt. #, etc.

3. Mailing Address
1705 CAPE BEND AVE
Suite, Apt. #, etc.

City & State
TAMPA, FL
Zip
33613
Country
HILLSBOROUGH

City & State
TAMPA, FL
Zip
33613
Country
HILLSBOROUGH

4. FEI Number **65-0299373**

Applied For
☐ Not Applicable

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

**GILBERT SINGER
705 W. AZEELE ST
TAMPA FL 33606**

Name
Street Address (P.O. Box Number is Not Acceptable)
1505 N. FLORIDA AVE.
City **TAMPA** FL Zip Code **33601**

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 _____ (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	P ELLIOTT, GEORGE 5118 N. 56TH ST SUITE 117 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELLIOTT, GEORGE 5118 N 56TH ST SUITE 117 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KEN YOUNG 1705 CAPE BEND AVE TAMPA, FL. 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Timothy J. Young*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/01
Date

Daytime Phone #

CR2E034 (10/00)