

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90100 011 ***150.00

DOCUMENT # V 57006 ✓

1. Entity Name

Hewitt, Olson Asset Recovery Group I, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1637 SE 14 St

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 460546

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

37. Lauderdale FL

Zip 33316

Country USA

City & State

37. Lauderdale FL

Zip 33316

Country USA

4. FEI Number

65-0351909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Richard Hewitt, III

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

1637 SE 14 St

City

37. Lauderdale

FL

Zip Code

33316

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

Richard Hewitt, III
1637 SE 14 St
37 Lauderdale, FL 33316

TITLE
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**DO NOT WRITE
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 954-764-5007

Date

Daytime Phone #

CR2E034B (12/01)