

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90001 035 ***150.00

DOCUMENT # F95000000385

1. Entity Name
CK RECOVERY, INC.

| | |
|--|---|
| Principal Place of Business 950 HERNDON PARKWAY SUITE 200 HERNDON VA 20170 US | Mailing Address 950 HERNDON PARKWAY SUITE 200 HERNDON VA 20170-5537 US |
|--|---|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1736491**

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

**GELLMAN, ROBERT
 927 CLINT MOORE ROAD
 BOCA RATON FL 33487**

Name
Cynthia A. Tessier

Street Address (P.O. Box Number is Not Acceptable)
12016 NW 27 Drive

City
Coral Springs

FL Zip Code
33065

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 *Cynthia Tessier*

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, 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 NAME STREET ADDRESS CITY-ST-ZIP | PTD KALLIVOKAS, CHRISTOPHER 950 HERNDON PARKWAY, #200 HERNDON VA 20170 | <input type="checkbox"/> Delete |
|--|---|---------------------------------|

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GELLMAN, ROBERT 927 CLINT MOORE ROAD BOCA RATON FL 33487 | <input checked="" type="checkbox"/> Delete |
|--|---|--|

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|--|--|---|
| 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 | AS LEVY, BRUCE M 950 HERNDON PARKWAY, #200 HERNDON VA 20170 | <input type="checkbox"/> Delete |
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| 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 | S KALLIVOKAS, SCOTT 950 HERNDON PARKWAY, #200 HERNDON VA 20170 | <input type="checkbox"/> Delete |
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| 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 |
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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)(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: *Robert Gellman* **GELLMAN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00 703/742-6789
 Date Daytime Phone #

CR2E034 (9/99)