

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90056 015 \*\*\*150.00

CR2E034 (10/02)

**DOCUMENT #** P02000047586

**1. Entity Name**  
RECOVERY FIRST, INC.



**Principal Place of Business**  
520 NORTH VICTORIA PARK ROAD  
FORT LAUDERDALE FL 33301

**Mailing Address**  
520 NORTH VICTORIA PARK ROAD  
FORT LAUDERDALE FL 33301



**2. Principal Place of Business**  
2701 W OAKLAND PK Blvd  
Suite, Apt. #, etc. 240  
City & State OAKLAND PARK, FL  
Zip 33311-1363 Country BROWARD

**3. Mailing Address**  
2701 W OAKLAND PARK Blvd  
Suite, Apt. #, etc. 240  
City & State OAKLAND PARK, FL  
Zip 33311-1363 Country BROWARD

CHECK HERE IF MAKING CHANGES

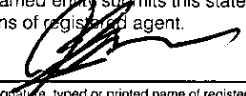
**6. Name and Address of Current Registered Agent**  
DAVIS, JAMES F  
520 NORTH VICTORIA PARK ROAD  
FORT LAUDERDALE FL 33301

**4. FEI Number** 331004926  Applied For  Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE  DATE 1-9-2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JAMES F	
STREET ADDRESS	520 NORTH VICTORIA PARK ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **SIGNATURE REQUIRED** DATE 1-9-2003 TIME 5:00 PM PHONE 734-5192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR