

2000 UNIFORM BUSINESS REPORT (UBR)

33/29

DOCUMENT # L59656

1. Entity Name

E & H CAR CRUSHING CO., INC.

Principal Place of Business

Mailing Address

106 GLOUCESTER ST
ORLANDO FL 32833-3459
US

106 GLOUCESTER ST
ORLANDO FL 32833-3459
US

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 59-3021919

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

ERB, HAROLD G.
19917 LANSLOWNE ST
ORLANDO FL 32833

Name

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

106 Gloucester St. Orlando FL 32833

City

FL

3

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)

3-24-2000

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	PD ERB, HAROLD G. 19917 LANSLOWNE ST ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERB, JOYCE A. 19917 LANSLOWNE ST ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERB, JAMES E. 14426 DARING AVE ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERB, DARRYL R. 19917 LANSLOWNE ST ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	106 Gloucester St. OH, FL 32833	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 1118 Christmas, FL 32709-1118	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 1115 Farwell Avenue Orlando FL 32807	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 1065 Laurel Lake Ct. Apt. #205 Orlando FL 32825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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

3-24-2000

Date

407-568-5865

Daytime Phone #

CR20034 (8/99)