

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90109 015 ***150.00

0674965 EP

DOCUMENT # P96000001253

1. Entity Name
FLORIDA AUTO & SALVAGE, INC.



Principal Place of Business
1875 SR 207
ST AUGUSTINE FL 32086

Mailing Address
1875 SR 207
ST AUGUSTINE FL 32086

2. Principal Place of Business
1875 SR 207

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST-AUG. FL 32086

City & State

4. FEI Number **59-3356377**

Applied For
Not Applicable

Zip **32084** Country **USA**

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

VERA, ALLEN
1875 SR 207
ST AUGUSTINE FL 32086

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Delete
NAME **JAMES, WILLIAMS**
STREET ADDRESS **1875 SR 207**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE **GRANT MITCHELL** ☒ Change ☒ Addition
NAME **PSTD**
STREET ADDRESS **1875 SR 207**
CITY-ST-ZIP **ST-AUG. FL 32086**

TITLE **VD** ☐ Delete
NAME **ZIEMBINSKI-ALLEN, VERA**
STREET ADDRESS **1875 SR 207**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **PSTD** ☐ Change ☐ Addition
NAME **James Williams**
STREET ADDRESS **1875 SR 207**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

904 824 3204

Daytime Phone #

CR2E034 (10/02)