

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048091

1. Entity Name

FLEET SALVAGE SYSTEMS, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90300 004 ***150.00

Principal Place of Business	Mailing Address
754 FLEET FINANCIAL COURT #300 LONGWOOD FL 32750	754 FLEET FINANCIAL COURT #300 LONGWOOD FL 32750

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-3449792	Applied For
		Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHONEY, ANDREA
2078 S. PARKTON DR.
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name: Michael Towers
Street Address (P.O. Box Number is Not Acceptable): 961 Palm Springs Rd
City: Longwood FL 32779
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.

SIGNATURE: *[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) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST MAHONEY, ANDREA ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAHONEY, ANDREA	NAME	
STREET ADDRESS	2078 S PARKTON DR	STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	CITY-ST-ZIP	
TITLE	V TOWERS, KIMBERLY ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOWERS, KIMBERLY	NAME	
STREET ADDRESS	961 PALM SPRINGS RD	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* 1/8/00 407 830 6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

A0021047



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)