FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000097649

1. Corporation Name

ABC U-PULL-IT, INC.

Principal	Place of Business

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90262 048 ***150.00



Principal Place of Business Mailing Address								
6000 DYER BOULEVARD 6000 DYER BOULEVARD								
WEST PALM-BEA	CH FL 33407	WEST PALM BEACH FL	33407			DO NOT WRITE IN THIS SI	DACE	
							PACE	
						3. Date Incorporated or Qualifed		
						11/17/1997		····
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0797032		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
22		27						Required
City & State	 -	City & State_			~			0 _May.Be
23		28				Trust Fund Contribution	Adde	to Fees
Zip	Country	Zip	Col	untry		8. This corporation owes the current year Intan	_	Δ.,
24	25	29	30			Tersonal Frederity Tax	_] Yes	<u> </u>
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New Registered Ag	<u>jent</u>	<u> </u>
				81 1	Name			
	RD VERTUCCI			82 5	Ctroot Adde	ress (P.O. Box Number is Not Acceptable)		
	DYER BLVD			02 3	oueer Addr	ess (F.O. BOX Multiper is Not Modelitable)		
WEST	PALM BEACH FL 33407			83			-	
						100		
				84 (City	FL	85 Zip	Code
					amad sac-		anging i	ts renistered
11. Pursuant to	o the provisions of Sections 607.0502. distered agent, or both, in the State of	and 607.1506, Florida Stat Florida. Such change was	utes, the a authorize	acove-ned by the	e corporatio	on's board of directors. I hereby accept the appointr	nent as	registered
agent. I am	familiar with, and accept the obligation	ns of, Section 607.0505, F	lorida Sta	tutes.	•	oration submits this statement for the purpose of cr on's board of directors. I hereby accept the appointr		
SIGNATURE	Herard Millen							
S	ignature, typed or printed name of registered agent a				gnature require	d when reinstating) DATE		
12.	OFFICERS AND		13.		1	ADDITIONS/CHANGES TO OFFICERS AND		
TMLE	STPD	☐ DELETE	1.1 T	TITLE		,	Change	e 🔲 Addition
NAME	VERTUCCI, GERARD		12 N	NAME				
STREET ADDRESS	6000 DYER BOULEVARD		1.3 S	STREET AD	DORESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33407		1.4 0	CITY-ST-ZI	IP			
	VP	☐ DELETE	2.1 T	MTLE			Change	e
l I	GARY VERTUCCI		2.2 N	NAME				
	6000 DYER BLVD			STREET AD	ODBESS			
1.	W PALM BCH FL 33407				i			
		☐ DELETE		CITY-ST-Z	ZIP		☐ Change	e
-	VP	Hrefile		TITLE				
l I	JAMES VERTUCCI		1	NAME				
	6000 DYER BLVD		3.3 9	STREET AD	DDRESS			
CITY-ST-ZIP	W PALM BCH FL 33407		3.4.6	CITY-ST-Z	ZIP	·		
TITLE		☐ DELETE	4.1 T	TTLE		•	Chang	e Addition
NAME			4.21	NAME				
STREET ADDRESS			4.3 9	STREET AD	DORESS			
CITY-ST-ZIP			4,4 0	CITY-ST-Z	IP	,		
TITLE		☐ DELETE		TITLE			Chang	e Addition
]			1	NAME			_	
NAME			4	STREET AD	DORESS			
STREET ADDRESS					j			
CITY-ST-ZIP		O priests		CITY-ST-Z	.IF		Chann	e 🔲 Addition
TITLE		☐ DELETE	1	TITLE			Chang	e 🗀 waannon
NAME			1	NAME				
STREET ADDRESS			6.3 5	STREET AD	DDRESS			
CITY-ST-ZIP			6.4 0	CITY-ST-Z	ZIP			

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #