## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000111360 Sep 13, 2000 8:00 am Secretary of State 1. Entity Name PLANT CITY AUTO SALVAGE SERVICE INC. 09-13-2000 90059 003 \*\*\*150.00 Mailing Address Principal Place of Business 4303 HWY 574 W 4303 HWY 574 W PLANT CITY FL 33566 PLANT CITY FL 33566 AUU77638 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 69-3163424 Applied For Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONAHUE, DANIEL A Street-Address (P.O. Box Number is Not Acceptable) 4311 SPRING LANE LAKELAND FL 33811 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD TITLE TITLE ☐ Delete DONAHUE, DANIEL A NAME NAME STREET ADDRESS **4311 SPRING LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33811 Change Addition ☐ Delete TITLE TITLE DONAHUE, ANN M NAME NAME 4311 SPRING LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P LAKELAND FL 33811 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SYMUND REQUIRED

9-1-00

813-754-1790

Daytime Phone #

	Sept-11, 2000
	Dear Dept. of State
	I'm requesting that the late fee on the Corporation Filing be waived because I did not recieve any
	waived because I did not recieve any notice until I got the 2nd notice.  I would appreciate your consideration
	in this matter.
	Thank You,
	Daniel A. Donahue
-	Du Cable
· <del>-</del>	
·- ·	