

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 151475

1. Entity Name
PENSACOLA SCRAP PROCESSORS, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90044 009 ***150.00

Principal Place of Business 4925 BEACH BLVD JACKSONVILLE FL 32207 US	Mailing Address 4925 BEACH BLVD JACKSONVILLE FL 32207 US
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00009443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 11650 Sedgemoore Dr N. Suite, Apt. #, etc.
City & State	City & State Jacksonville
Zip 32223	Country US

4. FEI Number 59-0575545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SAFER, ELIOT J.
~~4925 BEACH BLVD~~
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
Name **Eliot J. Safer**
Street Address (P.O. Box Number is Not Acceptable)
11650 Sedgemoore Dr. N.
City **Jacksonville** FL Zip Code **32223**

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 *Eliot J. Safer* DATE 1/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAIMAN, MARVIN 3974 WOODCOCK DR SUITE 100 JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISH, MARVIN 3974 WOODCOCK DR SUITE 100 JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAIMAN, DAVID S. 3974 WOODCOCK DR SUITE 100 JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAFER, ELIOT J. 3974 WOODCOCK DR., SUITE 100 JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 11650 Sedgemoore Dr N Jacksonville FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 11650 Sedgemoore Dr N Jacksonville FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 11650 Sedgemoore Dr N Jacksonville FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Eliot J. Safer* DATE 1/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)