

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90293 021 \*\*\*150.00

**DOCUMENT # 398651**

1. Entity Name  
**T & M SALVAGE, INC**

Principal Place of Business 2605 HWY. 37TH S. P.O. BOX 1302 MULBERRY FL 33860	Mailing Address 2605 HWY. 37TH S. P.O. BOX 1302 MULBERRY FL 33860-1302
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1404663</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MOCK, JOHN W.</b> 1815 E. STATE RD. 540A LAKELAND FL 33813				Name <b>Virginia L. Mock</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>1815 E. Rd. 540-A</b>			
				City, State, and Zip Code <b>Lakeland, FL 33813</b>			
				City, State, and Zip Code <b>Lakeland, FL 33813</b>			

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: *Virginia L. Mock* (Signature, typed or printed name of registered agent and title if applicable.)  
 DATE: **4-28-00**  
 (NOTE: Registered Agent signature required when reinstating.)

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, 2000 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MOCK, VIRGINIA L</b>		NAME		
STREET ADDRESS	<b>1815 E. STATE RD. 540A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND FL</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PEARCE, VANESSA M</b>		NAME		
STREET ADDRESS	<b>1815 E. STATE RD. 540A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND FL</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MATHIS, MELISSA M</b>		NAME		
STREET ADDRESS	<b>1465 ROYAL FORREST PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND FL 33811</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MOCK, JOHN W</b>		NAME		
STREET ADDRESS	<b>1815 E ROAD 540-A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Virginia L. Mock* **SIGNATURE REQUIRED** **4-28-00** **863-425-1956**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C.F. E034 (9/99)