

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

1001

01 OCT -5 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



*JP*

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1404663**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOCK, JOHN W.  
1815 E.STATE RD.540A  
LAKELAND FL 33813**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.

**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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>MOCK, VIRGINIA L</b><br><b>1815 E.STATE RD.540A</b><br><b>LAKELAND FL</b>            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>PEARCE, VANESSA M</b><br><b>1815 E.STATE RD.540A</b><br><b>LAKELAND FL</b>          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>MATHIS, MELISSA M</b><br><b>1465 ROYAL FORREST PLACE</b><br><b>LAKELAND FL 33811</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MOCK, JOHN W</b><br><b>1815 E ROAD 540-A</b><br><b>LAKELAND FL</b>                   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>300004642239-1</b><br><b>-10/18/01--01071--019</b><br><b>****150.00 ****150.00</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: \_\_\_\_\_ Date: **9/1/01** Daytime Phone #: **8636480123**

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CR2E034 (10/00)

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8-29-01

Florida Division of Corporations  
UBR Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: UBR 2001 T & M Salvage, Inc. 59-1404663

Dear Sir/Madam,

Please find enclosed the Uniform Business Report (UBR) 2001 for T&M Salvage, along with a check in the amount of \$150.00. We realize that this is being filed late. However, we are asking for your indulgence and requesting that you abate the penalty for late filing as there are unusual circumstances in this case.

During the last quarter of last year, the President, John Mock passed away. John was a Director in this corporation and usually handled the filing of taxes and UBR reports and other things of this nature. Exactly one month before, Mrs. Mock's father passed away. The last and first quarters of the year was a tragic and extreme emotional time for Mrs. Mock. She was on the verge of a breakdown. When things came in the mail she just put them all in a box for handling at a later date. She could not begin to sort through any of the financial matters until recently.

We have only just realized that we need to file this form and Mrs. Mock has only recently become emotionally able to sort through her fathers and late husbands effects and discovered this form. I can assure you that all future reports will be filed in a timely manner.

Please forgive the penalties on this UBR due to the reasons I have listed above. Thank you for your kindness and understanding.

Sincerely,



Bernard M. Cook, P.O.A.