2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 447108

FILED Feb 14, 2003 Secretary of State

Entity Name: ARLINGTON SALVAGE AND WRECKER COMPANY

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NGTON ROAD WILLE, FL 32211	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	NGTON ROAD WILLE, FL 32211	US			
FEI Number	: 59-1522005	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Cui	rent Registered Agent:	Name and Address	of New Registered Agent:	
	. J., JR. F LIFE TOWER IVILLE, FL 32207	,			
	named entity sub e of Florida.	omits this statement for the po	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered Age	nt	Date	
Election Car	mpaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () De MCCART, JACK R 5533 EDENFIELD JACKSONVILLE, F	., RD	Title: Name: Address: City-St-Zip:	() Change() Addition	
Fitle: Name: Address: City-St-Zip:	V () De MCCART,ROBERT 2925 SEARCHWO JACKSONVILLE, F	ΓA, OD DR.	Title: Name: Address: City-St-Zip:	() Change() Addition	
Fitle: Name: Address: City-St-Zip:	STD () DO MCCART, SHIRLE 5533 EDENFIELD JACKSONVILLE, F	YS, RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () De INMAN, R.J. JR., 2252 GULFLIFE T JACKSONVILLE, F	OWER	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK R. MCCART PD 02/14/2003