2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 576812** Mar 04, 2000 8:00 am **Secretary of State** J. & F. SCRAP PROCESSORS, INC. 03-04-2000 90075 029 ***150.00 Principal Place of Business Mailing Address 9389 67 ST NORTH 9380-67 ST NORTH P.O. BOX 707 1238 P.O. BOX 757 1238 PINELLAS PARK FL 99782 33780-1238 PINELLAS PARK FL 33780-6767 12 3 8 COUSTSXI 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1831458 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOGGS.E. JACKSON Street Address (P.O. Box Number is Not Acceptable) 501 E KENNEDY BLVD, STE 1700 **TAMPA FL 33602** 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition AT TITLE ☐ Delete TITLE SALAS, JOSE III NARAE STREET ADDRESS 2007 21ST STREET, WEST STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE SALAS, FLORENCE NAME NAME STREET ADDRESS STREET ADDRESS 14536 MARK DRIVE CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 ☐ Addition DVAS Change ☐ Delete TITLE SALAS, JOHN NAME NAME STREET ADDRESS 13298-82ND AVE. N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33776 ☐ Addition ☐ Delete TITLE TITLE Sasser, Patricia A. NAME NAME STREET ADDRESS STREET ADDRESS 1149 BREEZE DR. CITY-ST-ZIP CITY-ST-7IP **LARGO FL 33770** COB Change ☐ Addition TITLE TITLE Delete SALAS, JOSE NAME NAME STREET ADDRESS 14536 MARK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33774** Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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:

FLORENCE AND PRINTED BY CONTINUE OFFICER OR DIRECTOR

2-16-00

727)594-1339

Daytime Phone