

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90054 013 ***158.75

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DOCUMENT # 638613

1. Entity Name
COCOA AUTO SALVAGE, INC.

Principal Place of Business Mailing Address
775 CIDCO ROAD 775 CIDCO ROAD
COCOA FL 32926 COCOA FL 32926

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1936348** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LATHEN, DOUGLAS W.
775 CIDCO ROAD
COCOA FL 32926

7. Name and Address of New Registered Agent

Name **Steven D. Lathem**
 Street Address (P.O. Box Number is Not Acceptable)
3520 N. COCOA BLVD
 City **COCOA FL FL 32926**

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 **Steven D. Lathem** DATE **4-16-02**
 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. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LATHEN, DOUGLAS W.	
STREET ADDRESS	2580 N. COX ROAD	
CITY-ST-ZIP	COCOA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LATHEN, LINDA S.	
STREET ADDRESS	2580 N. COX ROAD	
CITY-ST-ZIP	COCOA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LATHEN, STEVEN D.	
STREET ADDRESS	2580 N COX RD.	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Shannon Lathem Gillispie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5040 Kirkwood Trail	
STREET ADDRESS	Titusville FL 32780	
CITY-ST-ZIP	Director	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **Steven D. Lathem** DATE **4-16-02** DAYTIME PHONE # **321 635 1244**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)