

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90015 017 \*\*\*150.00

**DOCUMENT # 674997**

1. Entity Name

**WEST COAST AUTO SALVAGE, INC.**

Principal Place of Business

Mailing Address

2550 30TH AVE N  
 ST PETERSBURG FL 33713

2550 30TH AVE N  
 ST PETERSBURG FL 33713-2926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2022799**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

**600634**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENTLEY, STEVEN B**  
**5660 66 LANE N**  
**ST PETE FL 33709**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | ST                              | <input type="checkbox"/> Delete |
| NAME           | <b>BENTLEY, CAROLYN M</b>       |                                 |
| STREET ADDRESS | <b>1730 LIGHTHOUSE TERR #13</b> |                                 |
| CITY-ST-ZIP    | <b>ST PETE FL 33707</b>         |                                 |
| TITLE          | P                               | <input type="checkbox"/> Delete |
| NAME           | <b>BENTLEY, STEVEN B.</b>       |                                 |
| STREET ADDRESS | <b>5660 66TH LANE N</b>         |                                 |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL 33709</b>   |                                 |
| TITLE          | VP                              | <input type="checkbox"/> Delete |
| NAME           | <b>BENTLEY, LINDA K.</b>        |                                 |
| STREET ADDRESS | <b>5710 66TH LANE N.</b>        |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>        |                                 |
| TITLE          | VP                              | <input type="checkbox"/> Delete |
| NAME           | <b>LAWING, LESTER H.</b>        |                                 |
| STREET ADDRESS | <b>5345 FLAMINGO DR</b>         |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>        |                                 |
| TITLE          | VP                              | <input type="checkbox"/> Delete |
| NAME           | <b>BUEHLER, JOHN M</b>          |                                 |
| STREET ADDRESS | <b>6818 4TH AVENUE N</b>        |                                 |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL 33710</b>   |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| 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: Carolyn M Bentley  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000  
 Date

727-321-6601  
 Daytime Phone #