2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State
01-23-2002 90101 028 ***150.00

DOCUMENT # 674997

1. Entity Name
WEST COAST AUTO SALVAGE, INC.

Principal Place of Business
2550 30TH AVE N
ST PETERSBURG FL 33713

Mailing Address
2550 30TH AVE N
ST PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-2022799 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BENTLEY, STEVEN B
5660 66 LANE N
ST PETE FL 33709

7. Name and Address of New Registered Agent
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, 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	ST	☐ Delete
NAME	BENTLEY, CAROLYN M	
STREET ADDRESS	1730 LIGHTHOUSE TERR #13	
CITY-ST-ZIP	ST PETE FL 33707	
TITLE	P	☐ Delete
NAME	BENTLEY, STEVEN B.	
STREET ADDRESS	5660 66TH LANE N	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	VP	☐ Delete
NAME	BENTLEY, LINDA K.	
STREET ADDRESS	5710 66TH LANE N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	☐ Delete
NAME	LAWING, LESTER H.	
STREET ADDRESS	5345 FLAMINGO DR	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	☐ Delete
NAME	BUEHLER, JOHN M	
STREET ADDRESS	6818 4TH AVENUE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: _____ 1-8-02 727-321-6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)