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1031 SW 18TH CT FT.LAUDERDALE FL 33315

Suite, Apt. #, etc.

Zip

City & State

2. Principal Place of Business

Principal Place of Business

Country

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

2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 1031 SW 18TH CT

FT.LAUDERDALE FL 33315-1921

Suite, Apt. #, etc. City & State

3. Mailing Address

DO NOT WRITE IN THIS SPACE

59-2010349

7. Name and Address of New Registered Agent

FILED

Jan 31, 2000 8:00 am Secretary of State

01-31-2000 90101 028 ***150.00

Applied For Not Applicate

911523

5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

Zip Code

DATE

6. Name and Address of Current Registered Agent

HOLEMAN, WILLIAM 1031 S.W. 18TH CT. FT.LAUDERDALE FL 33315

DOCUMENT # 845982

ACTION SALVAGE INCORPORATED

Name	
Street Address (P.O. Box Number is Not Acceptable)	

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

Country

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change ☐ Addition Delete TITLE TITLE HOLEMAN, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 1031 S.W. 18TH CT. CITY-ST-ZIP CITY-ST-ZIP FT.LAUDERDALE FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

William B. Holeman 1-26-2000 95