

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28700**

1. Entity Name

BLACKJACK AUTO SALVAGE, LIMITED

Principal Place of Business

12301 40TH STREET NORTH
CLEARWATER FL 34622

Mailing Address

12301 40TH STREET NORTH
CLEARWATER FL 33762-5604

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



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

P.O. Box 1954

St. Petersburg FL

33731

USA

4. FEI Number **59-2969596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCHER, H. JAMES

721 FIRST AVENUE NORTH

ST. PETERSBURG FL 33701

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. Capital Contributions
as Shown on record.

\$108,472.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$108,472.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **V52158**
NAME **AUTOWORTH, INC.**
STREET ADDRESS **721 FIRST AVE. N.**
CITY - ST - ZIP **ST. PETERSBURG FL 33701**

STREET ADDRESS
CITY - ST - ZIP
000003256980-0
-05/18/00--01027--006
*******526.25 *****526.25**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **W. JAMES FISCHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-4-00

CR2E003 (9/99)