

2002 UNIFORM BUSINESS REPORT (UBR)

0013787 AT

LF

DOCUMENT # **A28700**

1. Entity Name

BLACKJACK AUTO SALVAGE, LIMITED

FILED

02 APR 23 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**12301 40TH STREET NORTH
CLEARWATER FL 34622**

Mailing Address

**P.O. BOX 1954
ST. PETERSBURG FL 33731**

2. Principal Place of Business

3595 118th Ave. N.

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Clearwater, FL

City & State

4. FEI Number

59-2969596

Applied For

Not Applicable

Zip
33762

Country
Pinellas

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FISCHER, H. JAMES
721 FIRST AVENUE NORTH
ST. PETERSBURG FL 33701**

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.

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

DOCUMENT # **V52156**
NAME **AUTOWORTH, INC.**
STREET ADDRESS **721 FIRST AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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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: **X** **Autoworth, Inc., General Partner**
By Worth T. Blackwell,
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)