## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # F96000004257 May 01, 2000 8:00 am Secretary of State 1. Entity Name SOUTHERN WRECKER SALES, INC. 05-01-2000 90418 046 \*\*\*150.00 Principal Place of Business Mailing Address 7704 BASSWOOD AVE 7704 BASSWOOD AVE CHATTANOOGA TN 37416 CHATTANOOGA TN 37416-2455 2. Principal Place of Business 3. Mailing Address 8503 Hiltor 8503 Hill to v Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For & State 4. FEI Number 58-2255242 Doltewan Not Applicable Country Hamilton ountry 5. Certificate of Status Desired Itan Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. 🔀 Addition TITLE ☐ Delete TITLE F Geoffrey Russell 8503. Hilltop Dr BADGLEY, JEFFREY I NAME NAME 8503 HILLTOP DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 00 Hewahi, TN 37363 CITY-ST-ZIP **OOLTEWAH TN 37363** Change ☐ Addition ☐ Delete TITLE TITLE Frank Madonia 8503 Hi litar Dr. MADONIA, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 8503 HILLTOP DR. CITY-ST-7IP 00 Hewah, TN 37363 CITY-ST-ZIP **OOLTEWAH TN 37363** Change **▼**Addition Delete TITLE TITLE Michael Marinier MARKLE, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 8503 HILLTOP DR. 8503 Hiltop DV. CITY-ST-ZIP CITY-ST-ZIP **OOLTEWAH TN 37363** 00 Itewah: Addition ☐ Change IPITI AS Delete TITLE TITLE J. Vincent Mish 8503 Hilltop Dr. TATUM, DAVID NAME NAME 7704 BASSWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TN 37363 CITY-ST-ZIP CHATTNOOGA TN 37416 Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality 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 of an address, with all other like empowered.

Daytime Phone #