

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90119 005 ***150.00

DOCUMENT # G 25508

1. Entity Name
Fasson Salvage & Equip., Inc.
4350 Hwy. 92 E.
Plant City, FL 33566

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4350 Hwy 92 E
Suite, Apt. #, etc.

3. Mailing Address
4350 Hwy 92 E
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Plant City, Fla
Zip
33566

City & State
Plant City, Fla
Zip
33566

4. FEI Number
59-2262577
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SAM FASSON JR

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

4350 Hwy 92 E.

City Plant City **FL** **Zip Code** 33566

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PD SAM FASSON JR
NAME
4350 Hwy 92 E
STREET ADDRESS
Plant City, Fla 33566
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 813-754-3301
Date Daytime Phone #

CR2E034B (12/01)