

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

06-20-2001 90008 011 ***150.00

DOCUMENT # G31135

1. Entity Name
A-1 AUTO SALVAGE, INC.

Principal Place of Business
2901 DELLWOOD DR.
ORLANDO FL 32806

Mailing Address
2901 DELLWOOD DR.
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2300687**

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

STEINBERG, CHARLES L. ESQ.
KEY CENTER SO., 2869 SO. DELANEY AVE.
ORLANDO FL 32806

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. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PD**
TEIPEL, MICHAEL
 STREET ADDRESS **1805 E. WASHINGTON ST.**
 CITY-ST-ZIP **ORLANDO FL** ☐ Delete

TITLE
 NAME **STD**
TEIPEL, NINA
 STREET ADDRESS **2901 DELLWOOD DR.**
 CITY-ST-ZIP **ORLANDO FL** ☐ Delete

TITLE
 NAME **VD**
TEIPEL, VERN
 STREET ADDRESS **2901 DELLWOOD DR.**
 CITY-ST-ZIP **ORLANDO FL** ☐ Delete

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **ANNE TEIPEL**
 STREET ADDRESS **1805 E. WASHINGTON ST.**
 CITY-ST-ZIP **ORLANDO FL 32803** ☐ Change ☒ Addition

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE REQUIRED
MICHAEL TEIPEL 7-15-01 407 299-4060
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment 10/27

A1 Auto Salvage, Inc

2324 Vulcan Rd
Apopka, FL 32703

631135

July 16, 2001

Please excuse late fee.
I did not receive adequate
notice.

John Lee

