

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90152 048 ***150.00

DOCUMENT # H35580

1. Entity Name
GREEN ACRES AUTO SALVAGE, INC.



Principal Place of Business
**417 GREEN ACRES RD.
FT. WALTON BEACH FL 32547**

Mailing Address
**417 GREEN ACRES RD.
FT. WALTON BEACH FL 32547**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2502129**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAVIS, EDWINA JEAN
419 GREEN ACRES RD
FT. WALTON BEACH FL 32547**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **DAVIS, JOHN A. SR.**
STREET ADDRESS **507 CIRCLE DR. N.W.**
CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE **ST** ☐ Delete
NAME **DAVIS, EDWINA JEAN**
STREET ADDRESS **507 CIRCLE DR. N.W.**
CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE **P** ☐ Delete
NAME **DAVIS, JOHN A. JR.**
STREET ADDRESS **507 CIRCLE DR. N.W.**
CITY-ST-ZIP **FT. WALTON BCH. FL**

TITLE **V** ☐ Delete
NAME **DAVIS, DENNIS D.**
STREET ADDRESS **507 CIRCLE DR. N.W.**
CITY-ST-ZIP **FT. WALTON BCH. FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edwina Jean Davis* **Edwina Jean Davis** 01/21/03 850-862-2413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)