## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # H82324** 1. Entity Name ROYAL AUTO RECYCLING, INC. 04-23-2001 90052 021 \*\*\*150.00 Mailing Address 📞 Principal Place of Business 2000 63RD AVE. E. 2000 63RD AVE. E. **BRANDENTON FL 34203** BRANDENTON FL 34203 LOW METERS OF BUSINESS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-2610194 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUG, ROBERT-A----Street Address (P.O. Box Number is Not Acceptable) 2235 CONSTITUTION BLVD. SARASOTA 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete NAME HUG. ROBERT A. STREET ADDRESS STREET ADDRESS 2235 CONSTITUTION BLVD. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Addition Change TITLE ☐ Delete TITLE NAME HUG, MATTHEW A NAME STREET ADDRESS 2235 CONSTITUTION BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Change ☐ Addition Delete TITLE TITLE HUG, ROBERT A JR NAME NAME STREET ADDRESS 2235 CONSTITUTION BLVD - - -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition C Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: Robert A. Hug President Will 941-758-1833

Date Dayline Phone #