

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J69231****1. Entity Name**  
**SOUTHERN WRECKERS, INC.****FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90352 037 \*\*\*158.75

**Principal Place of Business****SOUTHERN WRECKERS**  
**627 W. MOWRY DRIVE**  
**HOMESTEAD FL 33030**  
**US****Mailing Address****SOUTHERN WRECKERS**  
**P O BOX 901308**  
**HOMESTEAD FL 33090**  
**US**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number****59-2813422**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****BASKIN, KEVIN**  
**627 WEST MOWRY DRIVE**  
**HOMESTEAD FL 33030****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.****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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	BASKIN, KEVIN	627 W. MOWRY DRIVE	
		HOMESTEAD FL		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)