## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

106 GLOUCESTER ST

ORLANDO FL 32833-3459

## L59656 DOCUMENT #

1. Entity Name

Principal Place of Business

106 GLOUCESTER ST

ORLANDO FL 32833-3459

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

E & H CAR CRUSHING CO., INC.



## **FILED** Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90148 043 \*\*\*158.75

PUNTARNP

| ☐ CHECK HERE IF MAKING CHANGES |  |                |  |  |  |  |  |  |
|--------------------------------|--|----------------|--|--|--|--|--|--|
| 59-3021919                     |  | Applied For    |  |  |  |  |  |  |
|                                |  | Not Applicable |  |  |  |  |  |  |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent        |             |  |  |
|---|--|-------------|--|--|
| EDD HADOLD O                                    | Name   |             |  |  |
| ERB, HAROLD G.<br>106 GLOUCESTER ST             | Street Address (P.O. Box Number is Not Acceptable) |             |  |  |
| ORLANDO FL 32833                                |  |             |  |  |
| , ,   | City   | FL Zip Code |  |  |
|   |  |             |  |  |

Country

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.

FILE NOW!!! FEE IS \$150.00

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

Country

Harold G. Eab

01-03-03

\$8.75 Additional

Fee Required

5. Certificate of Status Desired

|  | r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State |             |                                       |              | Trust Fund Contribution. |          | to Fees    |
|--|---|-------------|---------------------------------------|--------------|--------------------------|----------|------------|
| <u>+</u> 10.                             |   |             | DITIONS/CHANGES TO OFFICERS A         | ND DIRECTORS | 3 IN 11                  |          |            |
| JITLE                                    | PD  | ☐ Delete    | TITLE                                 |              |                          | ☐ Change | ☐ Addition |
| NAME<br>- Street Address<br>City-St-Zip  | erb, harold G<br>106 Gloucester Street<br>Orlando Fl 32833-3459             |             | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |              |                          |          |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    | STD<br>ERB, JOYCE A.<br>106 GLOUCESTER STREET<br>ORLANDO FL 32833-3459      | ☐ Delete    | TITLE NAME STREET ADDRESS CITY-ST-ZIP |              |                          | ☐ Change | ☐ Addition |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | VD<br>ERB, JAMES E.<br>1115 FARWELL AVE<br>ORLANDO FL 32807                 | '- Delete - | NAME STREET ADDRESS CITY-ST-ZIP       |              | ·                        | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    | VD<br>ERB, DARRYL R.<br>3104 POPPY SEED COURT<br>ORLANDO FL 32825           | ☐ Delete    | TITLE NAME STREET ADDRESS CITY-ST-ZIP |              |                          | ☐ Change | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    |   | □ Delete    | TITLE NAME STREET ADDRESS CITY-ST-ZIP |              |                          | ☐ Change | Addition   |
| TITLE NAME STREET ADDRESS                | ,   | □ Delete    | TITLE NAME STREET ADDRESS             |              | •                        | ☐ Change | Addition   |

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

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

QUIREIHAMING ERB

407-568-5865