

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000152

1. Entity Name

ACORN AUTO RECYCLING, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 24 AM 10: 02

*[Handwritten signature]*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

572 WOODVILLE HIGHWAY  
CRAWFORDVILLE FL 32327

Mailing Address

P.O. BOX 1506  
WOODVILLE FL 32362-1506

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

59-3358214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, COLLEEN E  
572 WOODVILLE HIGHWAY  
CRAWFORDVILLE FL 32362

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

**FILE-NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

200003383662--6  
-09/06/00--01075--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete  
MGRM  
MILLER, MICHAEL P  
STREET ADDRESS 572 WOODVILLE HIGHWAY  
CITY- ST- ZIP CRAWFORDVILLE FL 32327

TITLE NAME ☐ Delete  
MGRM  
MILLER, COLLEEN E  
STREET ADDRESS 572 WOODVILLE HIGHWAY  
CITY- ST- ZIP CRAWFORDVILLE FL 32327

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS / CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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CITY- ST- ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Handwritten signature]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2000 (1/97)