## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 08, 2002 8:00 am Secretary of State DOCUMENT # P00000027084 1. Entity Name 05-08-2002 90054 004 \*\*\*158.75 COCOA AUTO SALVAGE U-PULL IT, INC. Principal Place of Business Mailing Address 3520 N. COCOA BLVD. 3520 N. COCOA BLVD. COCOA FL 32926 COCOA FL 32926 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3642721 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARKEY & FOWLER, P.A. Number is Not Acceptable 410 W. MERRITT AVE. **MERRITT ISLAND FL 32953** Zip Code 8. The above named entity or the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees : (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Showard Lathern Gillispie IN Change ☐ Delete TITLE NAME LATHEM, STEVE 5040 Kirkwood Trail 3520 N. COCOA BLVD. STREET ADDRESS STREET ADDRESS Titurille FL 32780 CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 TITLE Delete TITLE Addition NAME NAME Lathem. Linda STREET ADDRESS STREET ADDRESS 3520 N. COCOA BLVD. CITY-ST-ZIP CITY-ST-ZIE COCOA FL 32926 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME LATHEM, DOUG STREET ADDRESS STREET ADDRESS 3520 N. COCOA BLVD. CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GILLISPIE. SHAN NAME STREET ADDRESS 3520 N. COCOA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE COCOA FL 32926 ☐ Defete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS

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 ampowered 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 attachm

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (9/01)