

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90997 024 ***150.00

01/27/07 AV

DOCUMENT # P00000049409

1. Entity Name
S.A.S. SCRAP PROCESSOR, INC.



Principal Place of Business
**920 N.W. 179TH AVE.
PEMBROKE PINES FL 33029**

Mailing Address
**920 N.W. 179TH AVE.
PEMBROKE PINES FL 33029**



2. Principal Place of Business

1365 TROPICANA Rd.

3. Mailing Address

1365 TROPICANA Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

PALM BAY FL

City & State

PALM BAY FL

4. FEI Number **65-1005998**

Applied For

Not Applicable

Zip

32905

Country

BREVARD

Zip

32905

Country

BREVARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAILER, STEVEN C
920 N.W. 179TH AVE.
PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name **WILLARD FOLSOM**

Street Address (P.O. Box Number is Not Acceptable)

1365 TROPICANA ROAD

City

PALM BAY

FL

Zip Code

32905

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.

SIGNATURE **WILLARD FOLSOM**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Willard Folsom 24 April 2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **SAILER, STEVEN C**
STREET ADDRESS **920 N.W. 179TH AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **D** ☒ Delete
NAME **TORAL, RODOLFO**
STREET ADDRESS **920 N.W. 179TH AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☐ Addition
NAME **DARRIEN FOLSOM**
STREET ADDRESS **1365 TROPICANA ROAD**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **D/VP** ☒ Change ☐ Addition
NAME **CARY FOLSOM**
STREET ADDRESS **1365 TROPICANA ROAD**
CITY-ST-ZIP **PALM BAY FL 32905**

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

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

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

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

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

SIGNATURE: **DARRIEN FOLSOM** **4-28-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)