FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000051887 04-27-2001 90341 016 ***158.75 MCKEE WRECKER & SALVAGE, INC. Principal Place of Business Mailing Address 3044-B JOE JOHNS RD. 3044-B JOE JOHNS RD. U0041535 MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Numb Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Correct TIDEWELL HILL, JANET name Street Address (P.O. Box Number is Not Acceptable) 4044 MUSTANG RD. MIDDLEBURG FL 32068 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD * Correct name TITLE TITLE TIDEWELL HILL, JANET NAME NAME 3044-B JOE JOHNS RD. STREET ADDRESS バハ STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-7IP CITY-ST-ZIP · Change ☐ Addition TITLE Delete TITLE STEWART, CANDACE S NAME NAME 3044-B JOE JOHNS RD. STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Deletè TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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 attacking it with an address, with all other like ampowered.