

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
Jun 02, 2001 8:00 am
Secretary of State

04-26-2001 90314 030 ***150.00

DOCUMENT # P00000081927

1. Entity Name

D AND T MELLETT AUTO SALVAGE, INC.

Principal Place of Business

Mailing Address

**975 GOLF AVE.
ORMOND BCH FL 32174**

**975 GOLF AVE.
ORMOND BCH FL 32174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FDI Number

59-3668073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALH, MARY V
975 GOLF AVE.
ORMOND BCH FL 32174**

Name

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

City

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 officer if applicable.

(NOTE: Registered Agent signature not used when re-issuing.)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
AFTER MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, V-P, Treas, Sec	☐ Delete
NAME	MARY V. SALH	
STREET ADDRESS	638 BAY AVENUE	
CITY-ST-ZIP	17011 HILL FL 32117	
TITLE	V-P	☐ Delete
NAME	JOHN D MELLETT	
STREET ADDRESS	638 BAY AVENUE	
CITY-ST-ZIP	17011 HILL, FL 32117	
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		☐ 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		

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; is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mary Salh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Salh, President

1/16/01

(904) 672-7079

CR2E034 (10/00)