## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMI  1. Entity Name	OCUMENT # P0000099102				Secretary of State			
SALVAGE RECOVERY SYSTEMS OF DELRAY, INC.					03-25-2002	2 90180 019 ***150	.00	
Principal Place of 3230 STIRLING RE HOLLYWOOD FL	). STE 1	Mailing Address  3230 STIRLING RD. STE 1  HOLLYWOOD FL 33021						
2. Principal Place	w 18 Aug	3. Mailing Address	read Bl	id				
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE   4. FEI Number  Applied For			
Delray	Beach Fl	City & State  Holly weed	Country		65-105022	3 No	ot Applicable	
33 444	5. Name and Address of Current F	3302/	USA	_	<ol> <li>Certificate of Status Desired</li> <li>Name and Address of New</li> </ol>	\$8.75 Add Fee Require		
CANTOR, JERALD C 3230 STIRLING RD, STE 1 HOLLYWOOD FL 33021				74/d ddress (F 00	265 Sect	FL 30500	ê2/	
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								
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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta					10. Election Campaign F Trust Fund Contributi	+	May Be I to Fees	
11.	OFFICERS AND D		12.	00-	ADDITIONS/CHANGES TO OF			
NAME LU STREET ADDRESS 32	std ICEY, gerald 130 Stirling RD, STE 1 DLLYWOOD FL 33021	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	400 400	ex, wererd by Hollywood B/	Change Jul., Suife 265 2021	South	
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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 attachment with an address, with all other like empowered.

SIGNATURE: