FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90761 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099102

1. Entity Name
SALVAGE RECOVERY SYSTEMS OF DELRAY, INC.

Principal Place of Business	Mailing Address
101 N.W. 18 AVE DELRAY BEACH, FL 33444	4000 HOLLYWOOD BLVD STE 265 SOUTH HOLLYWOOD, FL 33021

700267115

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		1055 Peachtree Street	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State: Atlanta, GA	
Zip	Country	Zip: 30309	Country: USA

4. FEI Number: 65-1050223 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANTOR, JERALD C
4000 HOLLYWOOD BLVD
STE 265 SOUTH
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name: Patricia Burnside
Street Address (P.O. Box Number is Not Acceptable): 2455 Hollywood Boulevard, Suite 104
City: Hollywood FL Zip Code: 33020

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: Patricia Burnside DATE: 2/19/03
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD LUCEY, GERALD 4000 HOLLYWOOD BLVD STE 265 SOUTH HOLLYWOOD, FL 33021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD GALARDI, JACK 1055 Peachtree Street Atlanta, GA 30309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jack Galardi, Pres. 2/19/03 404-607-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)