

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90235 017 ***150.00

DOCUMENT # P01000058650

1. Entity Name
SOUTHERN CROSS SALVAGE INC



Principal Place of Business
~~3121 DAME ROAD~~
FORT PIERCE, FL 34981-4524

Mailing Address
~~3121 DAME ROAD~~
FORT PIERCE, FL 34981-4524

11016734



2. Principal Place of Business
4847 Selvitz Rd.

3. Mailing Address
4847 Selvitz Rd.

☒ CHECK HERE IF MAKING CHANGES.

City & State
Ft. Pierce, FL
Zip
34981
Country
U.S.

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Ft. Pierce, FL
Zip
34981
Country
U.S.

4. FEI Number
65-1112584

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

GORE, THOMAS
3121 DAME ROAD
FORT PIERCE, FL 34981-4524

Name
Thomas Gore
Street Address (P.O. Box Number is Not Acceptable)
4847 Selvitz Rd
City
Ft. Pierce **FL** Zip Code
34981

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
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
PD
GORE, THOMAS
3121 DAME ROAD
FORT PIERCE, FL 349814524

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Thomas Gore
4847 Selvitz Road
Ft. Pierce, FL 34981

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(1), 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: **Thomas Gore**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)