

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000134071

1. Entity Name
SCRAPEN CUSTOMS OF VOLUSIA COUNTY, INC.



Principal Place of Business
1521 AIRWAY CIRCLE
NEW SMYRNA, FL 32168

Mailing Address
1521 AIRWAY CIRCLE
NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business - No P.O. Box #
511 Pullman Road
Suite, Apt. #, etc.
Unit B1

3. Mailing Address
511 Pullman Road
Suite, Apt. #, etc.
Unit B1

City & State
Edgewater, FL
Zip
32132 Country
US

City & State
Edgewater, FL
Zip
32132 Country
US



04012007 REIN-P CR2E098 (1/07)

4. FEI Number
NOT APPLICABLE 20-0404057 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSELL, WILLIAM P III
141 BLUE HERON DR.
APT. D
DAYTONA BEACH, FL 32119

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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. 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 NOV F&F \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RUSSELL, WILLIAM P III	
STREET ADDRESS	141 BLUE HERON DRIVE, APT. D	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	GRAHAM, JAMES R	
STREET ADDRESS	1573 PRIMROSE LANE	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHLACK, SHANE	
STREET ADDRESS	2221 WILLOW OAK DRIVE	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

700099269757
04/30/07--01007--007 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07. (386) 316-0393

Date

Daytime Phone #

7C4/23