

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23137

1. Entity Name

T & H SALES & SALVAGE, INC.

Principal Place of Business

Mailing Address

PO BOX 276  
PAVO GA 31778

PO BOX 276  
PAVO GA 31778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1820924

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

TAYLOR, CECIL  
1310 DIXON STREET  
LAKELAND FL 33802

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.

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, 2001 Fee will be \$550.00**  
**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

TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, LUCIOUS M., JR.	
STREET ADDRESS	1096 SYCAMORE ST	
CITY-ST-ZIP	PAVO GA 31778	
TITLE	V	<input type="checkbox"/> Delete
NAME	HART, JAMES H.	
STREET ADDRESS	2063 SYCAMORE ST	
CITY-ST-ZIP	PAVO GA 31778	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR, WINONA Y.	
STREET ADDRESS	1096 SYCAMORE ST	
CITY-ST-ZIP	PAVO GA 31778	
TITLE	T	<input type="checkbox"/> Delete
NAME	HART, JANICE Y.	
STREET ADDRESS	2063 SYCAMORE ST	
CITY-ST-ZIP	PAVO GA 31778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Winona Taylor WINONA Taylor - Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01 229-859-2645

Date

Daytime Phone #

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90069 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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