

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90713 031 ***150.00

00100000

DO NOT WRITE IN THIS SPACE

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012705

1. Entity Name

ACTION CYCLE SALVAGE, INC.

Principal Place of Business

2628 PARK STREET

LAKE WORTH, FL

33460

Mailing Address

1310 SCOTTSDALE RD. EAST

WEST PALM BEACH, FL 33417

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9827 154TH ROAD

Suite, Apt. #, etc.

City & State

JUPITER, FL

Zip

33478

Country

US

4. FEI Number

65-0376167

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

WENDY CUNNINGHAM

2128 EAST BANK DR

WBP, FL 33415

Name

WENDY CUNNINGHAM

Street Address (P.O. Box Number is Not Acceptable)

9827 154TH ROAD

City

JUPITER

FL

Zip Code

33478

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

Wendy Cunningham

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-29-03

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State.

10. Election Campaign Financing **\$5.00** **May Be**
Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☐ **Delete**
NAME CUNNINGHAM, AARON
STREET ADDRESS 1310 SCOTTSDALE RD., EAST
CITY - ST - ZIP WEST PALM BEACH, FL 33417

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS 9827 154TH ROAD
CITY - ST - ZIP JUPITER, FL 33478

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **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:

Aaron Cunningham

AARON CUNNINGHAM

4-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (9/99)