


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90025 046 ***150.00

DOCUMENT # PA4000056800	
1. Entity Name SANDY Ridge Auto Salvage Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 555 SARINA TER. SW Suite, Apt. #, etc. VERO BEACH City & State FLORIDA Zip 32968 Country INDIAN RIVER		3. Mailing Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME Country SAME	
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DO NOT WRITE IN THIS SPACE	4. FEI Number 650513776		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Dean R. Hofer, Esquire Street Address (P.O. Box Number is Not Acceptable) 7431-49 West Atlantic Avenue City Delray Beach FL Zip Code 33446		

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 **Dean R. Hofer, Esq.** DATE **4/6/05**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating))

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID L. MINDICK 555 SARINA TER S.W. VERO BEACH FL 32968	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: **David L. Mindick** DATE **4-1-05** 772 978 9019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)