

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90036 039 \*\*\*550.00

**DOCUMENT # P96000050531**

1. Entity Name

**ORLANDO ORANGE COUNTY AUTO AUCTION, INC.** ✓

Principal Place of Business

**1400 LAKE HEARN DRIVE  
ATTN: CORP. TAX DEPARTMENT  
ATLANTA GA 30319**

Mailing Address

**1400 LAKE HEARN DRIVE  
ATTN: CORP. TAX DEPARTMENT  
ATLANTA GA 30319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **52-1987166**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	BERRY, G. DENNIS	1400 LAKE HEARN DRIVE	ATLANTA GA 30319	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	CECCOLI, DARRYL M	1400 LAKE HEARN DRIVE	ATLANTA GA 30319	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	MERDEK, ANDREW A	1400 LAKE HEARN DRIVE	ATLANTA GA 30319	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VDT	GARTIN, ROBERT E	1400 LAKE HEARN DRIVE	ATLANTA GA 30319	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)