

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103329

1. Entity Name

TOMOKA SALVAGE, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90196 020 ***150.00

Principal Place of Business

Mailing Address

~~RT 6 BOX 1001~~
PALATKA FL 32178

change

P O BOX 2635
ORMOND BEACH FL 32175
US

C0012882

2. Principal Place of Business

3. Mailing Address

671 HOLMES BLVD
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST AUGUSTINE FL

City & State

Zip

32084

Country

Zip

Country

4. FEI Number 59-3420538

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

BAILEY & TRUMBO, P.A.
340 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32168

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CINELLI, JAMES V
STREET ADDRESS 671 HOLMES BLVD
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ☒ Change ☐ Addition
NAME PD. BOX 2635
STREET ADDRESS ORMOND BEACH FL 32175
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CINELLI, JOHN JR
STREET ADDRESS 671 HOLMES BLVD
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ☒ Change ☐ Addition
NAME P.O. BOX 2635
STREET ADDRESS ORMOND BEACH FL 32175
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME CINELLI, JOHN SR
STREET ADDRESS 1401 N BESCH ST.
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James V. Cinelli 1-23-01 904-824-6379

CR2E034 (10/00)