

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # P97000016906

1. Entity Name

WILSON AUTO SALES & SALVAGE, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90012 044 \*\*\*150.00

Principal Place of Business Mailing Address  
13920 S R 574 P.O. BOX 773  
FL 33527 DOVER FL 33527

2. Principal Place of Business Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3427524** \* 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

WILSON, CHARLES  
13920 S.R. 574  
DOVER FL 33527

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

*Charles Wilson*

*2/16/00*

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, 2000 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	D President	<input type="checkbox"/> Delete
NAME	WILSON, CHARLES	
STREET ADDRESS	3517 BETHLEHEM ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	D Board member	<input type="checkbox"/> Delete
NAME	WORTHINGTON, DAVID	
STREET ADDRESS	P.O. BOX 2388	
CITY-ST-ZIP	BRANDON FL 33509-2388	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Taryn L. Grimes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	215 Wilder Rd	
STREET ADDRESS	Plant City FL 33566	
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:

*Charles Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/00*

DATE

*813-659-3225*

DAYTIME PHONE #

CR2E034 (9/99)