

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

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90090 012 \*\*\*158.75

DOCUMENT # *P97000074186*

1. Entity Name

*Brocks Auto Salvage* ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1750 POWERLINE RD*

3. Mailing Address

*2180 NW 70 AVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*POMPANO, FL*

City & State

*MARGATE, FL*

4. FEI Number

*65-0777976*

Applied For

Not Applicable

Zip *33069*

Country *BR*

Zip *33069*

Country *BR*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *William Brock*

Street Address (P.O. Box Numbers Not Acceptable) *1750 POWERLINE RD*

City *POMPANO*

FL

Zip Code *33069*

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE *3/14/03*

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.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME *William M. Brock*  
STREET ADDRESS *2180 NW 70 AVE*  
CITY-ST-ZIP *MARGATE, FL 33069*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *3/14/03* 954-535-1177

Date Daytime Phone #

CR2E034B (12/02)