**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 05, 2001 8:00 am Secretary of State DOCUMENT # P98000024799 AUTO SALVAGE CITY, INC. 05-05-2001 90634 001 \*4.050.00 Principal Place of Business Mailing Address 1489 W. PALMETTO PARK RD 1489 W. PALMETTO PARK RD 40887 SUITE 492 **SUITE 492 BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address N 46 Ave 185 Ave 125 N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0821267 Polly mood 40111M009 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 02 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOTTLIEB, BRUCE M Street Address (P.O. Box Number is Not Acceptable) 125 NORTH 46TH AVENUE HOLLYWOOD FL 33021 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE NAME Gene Bush NAME LUCEY, GERARD STREET ADDRESS STREET ADDRESS 125 N 46 AUC 1489 W. PALMETTO PARK RD. #492 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Hollywood, TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPING OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

463/01 Date

561-750-4477

Daytime Phone #