

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000013368

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** AUTO LIQUIDATORS OF TAMPA, INC.

**Current Principal Place of Business:**

12209 N. NEBRASKA AVE.  
B  
TAMPA, FL 33612

**New Principal Place of Business:**

14825 N. NEBRASKA AVE.  
TAMPA, FL 33613

**Current Mailing Address:**

12209 N. NEBRASKA AVE.  
B  
TAMPA, FL 33612

**New Mailing Address:**

14825 N. NEBRASKA AVE.  
TAMPA, FL 33613

**FEI Number:** 59-3555668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, SCOTT E  
1818 REBECCA RD  
LUTZ, FL 33548 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DAVIS, SCOTT  
Address: 14825 N. NEBRASKA AVE.  
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT DAVIS

PRES

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date