

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018039

1. Entity Name

AUTOWIRTH IMPORT-EXPORT SALVAGE, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90149 037 \*\*\*150.00

Principal Place of Business

Mailing Address

5510 SOUTH RIDGEWOOD AVENUE  
PORT ORANGE FL 32127

5510 SOUTH RIDGEWOOD AVENUE  
PORT ORANGE FL 32127-5626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3558500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

FRANK WIRTH

Street Address (P.O. Box Number is Not Acceptable)

5510 S. Ridgewood Avenue

City

PORT ORANGE

FL

Zip Code  
32127

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 **FRANK WIRTH STD**

Signature, typed or printed name of registered agent and title in parentheses

(NOTE: Registered Agent signature required when reinstating)

**April 20, 2000**  
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 **P** ☐ Delete  
NAME **HINES, FREDERICK J**  
STREET ADDRESS **5510 SOUTH RIDGEWOOD AVENUE**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **V** ☒ Delete  
NAME **UDEY, BARBARA**  
STREET ADDRESS **5510 SOUTH RIDGEWOOD AVENUE**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **STD** ☐ Delete  
NAME **WIRTH, FRANK**  
STREET ADDRESS **5510 SOUTH RIDGEWOOD AVENUE**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **V** ☒ Change ☐ Addition  
NAME **WIRTH, BARBARA**  
STREET ADDRESS **5510 SOUTH RIDGEWOOD AVENUE**  
CITY-ST-ZIP **PORT ORANGE, FLORIDA 32127**

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

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

TITLE ☐ Change ☐ Addition  
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 #

**Barbara Wirth** **V** **PORT OF BARBARA WIRTH** **4-20-2000** **9047600984**

CR2E034 (9/99)