2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1111 KENNEDY COURT

TITUSVILLE, FL 32780

Mailing Address

O'7 South

Suite, Apt. #, etc.

City & State

2180

DOCUMENT # P99000060297

2. Principal Place of Business Volusia Ave 107 South Volusia Ave Suite, Apt. 1, etc.

Country

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

1. Entity Name

APT. 1

SALVAGE WORKS, INC.

Principal Place of Business

1111 KENNEDY COURT

TITUSVILLE, FL 32780

City & State

DEIHL, RICHARD D 1111 KENNEDY COURT

TITUSVILLE, FL 32780

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1: 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

1111 KENNEDY COURT, APT. 1

DEIHL, RICHARD D

TITUSVILLE, FL 32780

APT. 1

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-2P

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7P

CITY-ST-ZP

CITY-ST-ZP

CITY-ST-ZIP

CITY-ST-ZP

FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91463 049 ***150.00 Volusia Ave CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0931779 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required: 7. Name and Address of New Registered Agent Name Street Address (E.O. Box Number 13, Not Acceptable) AUC 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 (NOTE: Boulevared Ameni triangulum required when reinstation) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) 107 South Valuera Ave NAME STREET ADDRESS Pierson, Fl. 32180 CITY-ST-ZIP □ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-2IP ■ Addition NAME STREET ADDRESS CITY-ST-ZIP Change ☐ Addition STREET ADDRESS CITY-ST-2IP ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

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 suppliemental 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 Block 11 if changed, or on an attachment with an address with all other life empowered.

11.

TITLE

TITLE

NAME

1111

NAME

1016

NAME

TITLE

Delete

Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #