2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P99000080932 DOCUMENT #

1. Entity Name

WACKROW AUCTION COMPANY, INC.



FILED Apr 28, 2003 8:00 am \$ Secretary of State

04-28-2003 91828 039 ***150.00

Principal Place of Business 170 D COLLEGE ORANGE PARK FL 32065			8552	Mailing Address 8552 BOYSENBERRY LANE JACKSONVILLE FL 32244				1 1880 1881 1882 1885 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		!!! !! !!! ! !!!!	!!!! 0 !! 0 ! ! 00 !	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current R				3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				FEI Number 59-3597020			oplied For ot Applicable	
			<u> </u>				Certificate of Status Desired		88.75 Add ee Require			
	6. Name	and Address of Currer	nt Register	ed Agent		A)	7.	Name and Address of New Re	gistered A	gent		
WACKDOW BAND						Name						
WACKROW, DAVID 8552 BOYSENBERRY LANE					Street Address (P.O. Box Number is Not Acceptable)							
JACK <u>Š</u> ON	VILLE FL 32	2244				City			FL	Zip Cod	e	
			for the purp	oose of changing its	registere	ed office or regis	tered ag	gent, or both, in the State of Flori		amiliar with,	and accept	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	Signature, typed	or printed name of registered age	ont and title if app	plicable. (NOTE	: Registered	d Agent signature requ	ired when i	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						•		9. Election Campaign Fina Trust Fund Contribution.			0 May Be I to Fees	
10.		OFFICERS AN	<u> </u>	JRS	11.		Δ١	L DDITIONS/CHANGES TO OFFICE	SERS AND	DIBECTOR	S IN 11	
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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 Block 11 if changed, or on an attachment with an address, with all other like propowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #