

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S72346**

1. Entity Name

SACKS SALVAGE, INC.**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90232 013 ***158.75

Principal Place of Business

**731 S. DILLARD STREET
WINTER GARDEN FL 34787**

Mailing Address

**6013 EDGEWATER DRIVE
ORLANDO FL 32810-4807
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3087551

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOOST, CHARLES E
731 S. DILLARD ST.
WINTER GARDEN FL 34787**

Name

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

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
SOOST, CHARLES S.
731 S. DILLARD STREET
WINTER GARDEN FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
SOOST, CHARLES E
9328 COMEAU STREET
GOTHA, FL 34734** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SOOST, CHARLES S.
731 S. DILLARD STREET
WINTER GARDEN FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
D'AQUISTO, JENNIFER
702 SEAGULL AVENUE
ALTAMONTE SPRINGS, FL 32701** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MOLL, DARRYL
41 WINDING CREEK DRIVE
DOUGLASSVILLE, PA 19518** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

CHARLES E. SOOST

4/28/00

Date

(407) 297-7345

Daytime Phone #

CR2E034 (9/99)