

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90477 028 \*\*\*150.00

0562657

**DOCUMENT # V59407**

1. Entity Name  
**SALVAGED MERCHANDISE, INC.**

Principal Place of Business  
 10691 HWY 441 N  
 OKEECHOBEE FL 34972

Mailing Address  
 13650 NE 18TH AVE  
 OKEECHOBEE FL 34972  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13650 NE 18th Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Okeechobee**  
 Zip  
**34972** Country  
**USA**

City & State  
**FL**  
 Zip  
 Country

4. FEI Number **65-0350711** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LUHMANN, DIETER**  
**10691 US HWY 441 N.**  
**OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent  
 Name  
**Dieter Luhmann**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13650 NE 18th Ave**  
**Okeechobee FL 34972**

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

**3.12.01**  
 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>LUHMANN, DIETER</b> <b>10691 US HWY 441</b> <b>OKEECHOBEE FL 34972</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Dieter Luhmann</b> <b>13650 NE 18th Ave</b> <b>Okeechobee FL 34972</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**3.12.01**  
 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Dieter H. Luhmann**

Daytime Phone #

CR2E034 (10/00)