DOCUMENT # P01000028487

1. Entity Name

ES AUTO BODY & TOWING, INC.

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90240 014 ***158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
500 NW. 8th Ave.		500 NW. 8th Ave.	
Suite, Apt #, etc. Bay #2		Suite, Apt #, etc. Bay #2	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33311	Country U.S.A.	Zip 33311	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1113000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Ewers, Sylvester

Street Address (P.O. Box Number is Not Acceptable) 500 NW. 8th Ave

Bay #2

City Ft. Lauderdale FL Zip Code 33311

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	Director	TITLE	
NAME	EWERS, SYLVESTER	NAME	
STREET ADDRESS	500 NW 8th Ave., Bay #2	STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X S. Ewers 4-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #