

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90299 043 ***150.00

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DOCUMENT # P01000092718

1. Entity Name

BROTHERS & SONS TOWING, INC.

Principal Place of Business

**835 27 AVE
 VERO BEACH FL 32960**

Mailing Address

**835 27 AVE
 VERO BEACH FL 32960**

2. Principal Place of Business

4515 South US 1

3. Mailing Address

Suite, Apt. #, etc.

City & State
St. Pierce Florida

City & State

Zip
34982

Country
St Lucie

Zip

Country

4. FEI Number

65-1142714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BROTHERS, VICTORIA
 835 27 LANE
 VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name **Brothers, Victoria**
 Street Address (P.O. Box Number is Not Acceptable)
835 27th Ave
 City **Vero Beach** FL Zip Code **32960**

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, 2002 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 **PD** ☐ Delete
 NAME **BROTHERS, VICTORIA**
 STREET ADDRESS **835 27 AVE**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **VD** ☐ Delete
 NAME **BROTHERS, JAN**
 STREET ADDRESS **835 27 AVE**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: **Victoria Brothers** 46-02 772-567-7424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)