

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90107 030 ***150.00

DOCUMENT # V60664

1. Entity Name

A & R TOWING SERVICE, INC.

Principal Place of Business

**2404 DRIFTWOOD DR
 FERN PARK FL 32730**

Mailing Address

**PO BOX 181541
 CASSELBERRY FL 32718-1541**

2. Principal Place of Business

2404-Driftwood

3. Mailing Address

P.O. Box 181541

Suite, Apt. #, etc.

Fern Park - FL

Suite, Apt. #, etc.

City & State

CASSELberry

4. FEI Number

59-3143051

Applied For

Not Applicable

Zip

32730

Country

SEM 1902K

Zip

32707

Country

SEM 1902K

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANDREW
 2404 DRIFTWOOD DR
 FERN PARK FL 32730**

7. Name and Address of New Registered Agent

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 *Andrew Rodriguez*

1-13-00

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANDREW	
STREET ADDRESS	2404 DRIFTWOOD DR	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANDREW	
STREET ADDRESS	2404 DRIFTWOOD DR	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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: *Andrew Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00 (407) 695-3812

Date

Daytime Phone #