

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003751

1. Entity Name

ALL AMERICAN TOWING SERVICES, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90105 041 \*\*\*150.00

Principal Place of Business

Mailing Address

7704 BASSWOOD DRIVE  
CHATTANOOGA TN 37416  
US

7704 BASSWOOD DRIVE  
CHATTANOOGA TN 37416-2455  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 62-1699260

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	P	<input checked="" type="checkbox"/> Delete
NAME	WAREHAM, JOHN	
STREET ADDRESS	4971 SW 34TH PLACE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WAXLER, ERIC M	
STREET ADDRESS	7704 BASSWOOD DR.	
CITY-ST-ZIP	CHATTANOOGA TN 37416	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BADGLEY, JEFFERY L	
STREET ADDRESS	8503 HILLTOP DR.	
CITY-ST-ZIP	OELTEWAH TN 37363	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Roach	
STREET ADDRESS	7704 Basswood Drive	
CITY-ST-ZIP	Chattanooga, TN 37416	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James A. McKinney	
STREET ADDRESS	8503 Hilltop Drive	
CITY-ST-ZIP	Oelتهواه, TN 37363	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Maynard	
STREET ADDRESS	7704 Basswood Drive	
CITY-ST-ZIP	Chattanooga, TN 37416	
TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy Hammer	
STREET ADDRESS	7704 Basswood Dr.	
CITY-ST-ZIP	Chattanooga, TN 37416	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Samuel* Secretary/Treasurer 4-17-00

CR2E034 (9/99)