

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91648 001 \*\*\*300.00

**DOCUMENT # F97000005646**

1. Entity Name

1-800-AUTOTOW, INC.

Principal Place of Business

1301 N CONGRESS AVE  
 STE 330  
 BOYNTON BCH FL 33426  
 US

Mailing Address

1301 N CONGRESS AVE  
 STE 330  
 BOYNTON BCH FL 33426  
 US

72841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1446 Court Street

3. Mailing Address

1446 Court Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number 65-0783268

Applied For

Not Applicable

Zip

33756

Country

USA

Zip

33756

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAGELMANN, JOEL B  
 47 SPANISH RIVER DRIVE  
 OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

Name Leonard D. Levin  
 Street Address 1446 Court Street  
 City Clearwater, FL Zip Code 33756

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.

Leonard D. Levin

4-30-01

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          | PD                              | <input checked="" type="checkbox"/> Delete |
| NAME           | NAGLEMAN, JOEL                  |  |
| STREET ADDRESS | 47 SPANISH RIVER DRIVE          |  |
| CITY-ST-ZIP    | OCEAN RIDGE FL 33435            |  |
| TITLE          | D                               | <input checked="" type="checkbox"/> Delete |
| NAME           | TAYLOR, TROY T                  |  |
| STREET ADDRESS | 945 E PACES FERRY RD STE 2110   |  |
| CITY-ST-ZIP    | ATLANTA GA 30326                |  |
| TITLE          | D                               | <input type="checkbox"/> Delete            |
| NAME           | CLARK, JAY                      |  |
| STREET ADDRESS | 945 E PACES FERRY RD STE 2110   |  |
| CITY-ST-ZIP    | ATLANTA GA 30326                |  |
| TITLE          | DV                              | <input type="checkbox"/> Delete            |
| NAME           | IAROCCHI, GENE                  |  |
| STREET ADDRESS | 684 CYPRESS GREEN CIR           |  |
| CITY-ST-ZIP    | WELLINGTON FL 33414             |  |
| TITLE          | D                               | <input type="checkbox"/> Delete            |
| NAME           | MOHR, JULIAN                    |  |
| STREET ADDRESS | 1830 ELLSWORTH INDUSTRIAL DR NW |  |
| CITY-ST-ZIP    | ATLANTA GA 30318                |  |
| TITLE          | VTS                             | <input checked="" type="checkbox"/> Delete |
| NAME           | TEETERS, STEVEN B               |  |
| STREET ADDRESS | 1301 N CONGRESS AVE STE 330     |  |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33426          |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | P                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Leonard D. Levin     |  |
| STREET ADDRESS | 1446 Court Street    |  |
| CITY-ST-ZIP    | Clearwater, FL 33756 |  |
| 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            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

727-469-8821

Daytime Phone #

CR2E034 (10/00)