

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90166 042 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000004465**

1. Entity Name

ALTAMONTE TOWING, INC.

Principal Place of Business

7704 Basswood Drive
Chattanooga, TN 37416

Mailing Address

7704 Basswood Drive
Chattanooga, TN 37416

2. Principal Place of Business

8503 Hilltop Drive

3. Mailing Address

8503 Hilltop Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A0051259

DO NOT WRITE IN THIS SPACE

City & State

Ooltewah, TN

City & State

Ooltewah, TN

4. FEI Number

62-1736175

Applied For

Not Applicable

Zip

37363

Country

Hamilton

Zip

37363

Country

Hamilton

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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

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!!! FEES \$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	D	<input type="checkbox"/> Delete
NAME	Jeffrey I. Badgley	
STREET ADDRESS	8503 Hilltop Drive	
CITY-ST-ZIP	Ooltewah, TN 37363	
TITLE	P/T	<input type="checkbox"/> Delete
NAME	John Maynard	
STREET ADDRESS	8503 Hilltop Drive	
CITY-ST-ZIP	Ooltewah, TN 37363	
TITLE	VP/S	<input type="checkbox"/> Delete
NAME	Frank Madonia	
STREET ADDRESS	8503 Hilltop Drive	
CITY-ST-ZIP	Ooltewah, 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		

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		
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Madonia

Date

Daytime Phone #

4-9-01

CR2E034 (11/00)