

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 8:00 am**
Secretary of State

03-21-2001 90021 025 ***150.00

DOCUMENT # F98000005847**1. Entity Name****DANNY'S TOWING & AUTOMOTIVE SERVICE, INC.****Principal Place of Business**1170 N. HWY US 1
ORMOND BEACH FL 32174**Mailing Address**1170 N. HWY US 1
ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1170 N. Hwy 451

Suite, Apt. #, etc.

3. Mailing Address

Same AS ABOVE

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State**4. FEI Number** 59-3467128

Applied For

Not Applicable

Zip
32174Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**GAYNE, DANNY
517 SANDY OAKS BLVD.
ORMOND BEACH FL 32174**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

President

3-15-01

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:** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** P ☐ Delete
NAME GAYNE, DANNY
STREET ADDRESS 517 SANDY OAKS BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32174**TITLE** ☐ Delete
NAME
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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**TITLE** ☐ Change ☐ 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:** DANNY GAYNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

904-257-3020

Daytime Phone #

CR2E034 (10/00)