

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
 09-12-2000 90150 010 ***550.00

DOCUMENT # F99000001105

1. Entity Name

HUSKY TOWING & RECOVERY SERVICES INC.

Principal Place of Business

P.O. BOX 1313
 NEW MILFORD CT 06776

Mailing Address

P.O. BOX 1313
 NEW MILFORD CT 06776

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

11-3266851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fes Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, STEVEN J ESQ.
5701NORTH PINE ISLAND ROAD SUITE 320
FT. LAUDERDALE FL 33321

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME **CPD**
 STREET ADDRESS **BEIRIAN, JOHN J**
 CITY-ST-ZIP **27 PICKETT DISTRICT ROAD**
NEW MILFORD CT 06776

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-00
 Date

2039482258
 Daytime Phone #

CR20034 (5/00)