

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J74718

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: BROWN'S 23 1/2 HOUR WRECKER SERVICE, INC.

**Current Principal Place of Business:**

LINDA D FUHRMAN  
206 S. WALLER ST.  
PLANT CITY, FL 33566 US

**New Principal Place of Business:**

**Current Mailing Address:**

LINDA D FUHRMAN  
206 S. WALLER ST.  
PLANT CITY, FL 33566 US

**New Mailing Address:**

FEI Number: 59-2807460      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LINDA D FUHRMAN  
206 S. WALLER ST.  
PLANT CITY, FL 33566 US

**Name and Address of New Registered Agent:**

FUHRMAN, LINDA D P  
206 S. WALLER ST.  
PLANT CITY, FL 33566 US

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: LINDA D. FUHRMAN      05/01/2002  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FUHRMAN, LINDA D  
Address: 206 S WALLER ST  
City-St-Zip: PLANT CITY, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: WOODBY, PENELOPE S  
Address: 206 S. WALLER ST  
City-St-Zip: PLANT CITY, FL 33566

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENELOPE S. WOODBY      S      05/01/2002  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date