

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90255 046 ***150.00

0497819 AV

DOCUMENT # J92661

1. Entity Name
B & B TOWING SERVICE, INC.

Principal Place of Business
**3800 PROSPECT AVENUE
 NAPLES FL 34104**

Mailing Address
**3800 PROSPECT AVENUE
 NAPLES FL 34104**

00101404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3927 ENTERPRISE AVE
 Suite, Apt. #, etc.

3. Mailing Address
3927 ENTERPRISE AVE
 Suite, Apt. #, etc.

City & State
NAPLES FL
 Zip
34104
 Country
COLLIER

City & State
NAPLES FL
 Zip
34104
 Country
COLLIER

4. FEI Number
59-2847790

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SALISBURY, WILLIAM L.
 6090 14TH AVENUE SW
 NAPLES FL 33962**

7. Name and Address of New Registered Agent

Name
LISA SEPANSKI
 Street Address (P.O. Box Number is Not Acceptable)
3927 ENTERPRISE AVE
 City
NAPLES FL Zip Code
34104

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 **4-24-02**
 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 \$150.00
After May 1, 2002 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	PST	<input checked="" type="checkbox"/> Delete
NAME	SALISBURY, WILLIAM L.	
STREET ADDRESS	6090 14TH AVENUE SW	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALISBURY, WILLIAM L.	
STREET ADDRESS	6090 14TH AVENUE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MIZELL, ELEANOR	
STREET ADDRESS	1750 WASHBURN AVE	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VANDER-WENDE, WILLIAM	
STREET ADDRESS	3800 PROSPECT AVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, APRIL S	
STREET ADDRESS	1750 WASHBURN AVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALMEDA, ALBERT	
STREET ADDRESS	3800 PROSPECT AVE	
CITY-ST-ZIP	NAPLES FL 34104	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA SEPANSKI	
STREET ADDRESS	3927 ENTERPRISE AVE	
CITY-ST-ZIP	NAPLES FL 34104	
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 all other like empowered.

SIGNATURE: **4/26/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)