

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K14309

1. Entity Name

BRUCE'S TOWING SERVICE., INC.

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90091 024 \*\*\*150.00

Principal Place of Business

10833 PHILLIPS HWY  
JAX FL 32256  
US

Mailing Address

10833 PHILLIPS HWY.  
JACKSONVILLE FL 32256  
US

**C0042527**

2. Principal Place of Business

2928 Plummer Cove Rd  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 56832  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Jax, FL

Zip Country  
32223 US

City & State  
Jax FL 32223

Zip Country  
32241-6832 US

4. FEI Number 59-2871347

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URFF, CARLA  
11514 JOANCE LN  
JACKSONVILLE FL 32223

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URFF, BRUCE WILLIAM 11514 JOANCE LANE JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST URFF, BRUCE WILLIAM 11514 JOANCE LANE JACKSONVILLE FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bruce W. Urff Bruce W. Urff 04/02/01 904-260-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)