

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 90097 022 ***150.00

DOCUMENT # L01000004752



1. Entity Name

GAINESVILLE TOWING, LLC

Principal Place of Business

**400 NW 10TH AVENUE
GAINESVILLE FL 32601**

Mailing Address

**400 NW 10TH AVENUE
GAINESVILLE FL 32601**

2. Principal Place of Business

516 SW 1st St.

Suite, Apt. #, etc.

3. Mailing Address

516 SW 1st St.

Suite, Apt. #, etc.

44001555



☐ CHECK HERE IF MAKING CHANGES

City & State

Gainesville

Zip

FL

Country

ALACHUA

City & State

Gainesville

Zip

FL

Country

32601

4. FEI Number

59-3709606

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WATSON, JAMES H JR.
400 NW 10TH AVENUE
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

516 SW 1st Street

City

Gainesville

FL

Zip Code

32601

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and sign if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**MGRM
KEEN, JAMES A
400 NW 10TH AVENUE
GAINESVILLE FL 32601**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**MGRM
WATSON, JAMES H
400 NW 10TH AVENUE
GAINESVILLE FL 32601**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

**MGRM
CAIN, TIMOTHY A
400 NW 10TH AVENUE
GAINESVILLE FL 32601**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

10. ADDITIONS/CHANGES

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

**516 SW 1ST ST.
GAINESVILLE, FL 32601**

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

**516 SW 1ST ST.
GAINESVILLE, FL 32601**

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

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE

SIGNATURE REQUIRED

JAMES H. WATSON 5/14/03 352-373-7475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MANAGER

CR2E083 (10/02)