

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000012646

FILED
Feb 19, 2003
Secretary of State

Entity Name: E & S TOWING, LLC

Current Principal Place of Business:

1481 OLYMPIA ROAD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

1481 OLYMPIA ROAD
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-1135001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LA COMBE, EDGAR J
1481 OLYMPIA ROAD
VENICE, FL 34293

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: DUBA, EMORY
Address: 1005 27TH AVE W
City-St-Zip: BRADENTON, FL 34205

Title: P () Delete
Name: JIBSON, SANDRA FAYE
Address: 1005 27TH AVE W
City-St-Zip: BRADENTON, FL 34205

Title: P (X) Delete
Name: LA COMBE, EDGAR J
Address: 1481 OLYMPIA ROAD
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUBA, EMORY
Address: 1005 27TH AVE W
City-St-Zip: BRADENTON, FL 34205

Title: MGRM (X) Change () Addition
Name: LACOMBE, EDGAR J
Address: 1481 OLYMPIA ROAD
City-St-Zip: VENICE, FL 34293

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

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 is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: EDGAR J LACOMBE

MGRM

02/19/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date