

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016361

1. Entity Name

KONRAD'S TOWING & RECOVERY, LLC

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90247 022 \*\*\*\*50.00

Principal Place of Business

819 US 41 BYPASS  
VENICE FL 34292

Mailing Address

819 US 41 BYPASS  
VENICE FL 34292

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1138690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

VOIGT, STEPHEN F  
VOIT & VOIT PA  
2042 BEE RIDGE RD  
SARASOTA FL 34239

## 7. Name and Address of New Registered Agent

Name **RICHARD T. WILLIAMS, JR.**

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

**819 U.S. HWY. 41 BYPASS SO.**

City **VENICE**

FL

Zip Code **34292**

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. **RICHARD T. WILLIAMS, JR.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/8/02**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
Due By September 25, 2002**

## 9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM  
RICHARD T. WILLIAMS, JR.  
819 U.S. HWY. 41 BYPASS SO.  
VENICE FL 34292**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 608, Florida Statutes.

**RICHARD T. WILLIAMS, JR.**

SIGNATURE

**SIGNATURE REQUIRED**

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

**7/8/02**

Date

**(941)**

**484-7968**

Daytime Phone #

CR2E083 (4/02)