

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90019 038 ****50.00

DOCUMENT # L02000003385

1. Entity Name
MASTER'S TOWING, LLC



Principal Place of Business

**4000 THOR DR.
BOYNTON BEACH FL 33426**

Mailing Address

**4000 THOR DR.
BOYNTON BEACH FL 33426**

2. Principal Place of Business

1315 NEPTUNE DR.
Suite, Apt. #, etc.

3. Mailing Address

4000 THOR DR.
Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH, FL

Zip

33426

Country

USA

Zip

33426

Country

USA

4. FEI Number

75-2986255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EASTHAM, JOHN K JR.
138 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 **MGRM** ☐ Delete
NAME **MARY C. DUGAN**
STREET ADDRESS **900 N. OCEAN BLVD #A**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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 608, Florida Statutes.

SIGNATURE: **MARY C. DUGAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/13/03

Date

561-572-2572

Daytime Phone #

CR2E083 (10/02)