

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90168 027 ***150.00

DOCUMENT # L89409

1. Entity Name
BOB'S TOWING, INC.



Principal Place of Business
**4601 OAKES ROAD
DAVIE FL 33314
US**

Mailing Address
**P O BOX 6130
HOLLYWOOD FL 33021
US**



2. Principal Place of Business

3. Mailing Address

4971 SW 34 PLACE
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVIE Florida

City & State

4. FEI Number **65-0209660**

Applied For
Not Applicable

Zip
33314

Country
Broward

Zip

Country

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

**MUCHA, MICHAEL A.
4601 OAKES RD
DAVIE FL 33314**

Name **Mike Mucha**

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

4971 SW 34 PLACE

City **DAVIE FL**

Zip Code **33314**

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

4-28-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **MUCHA, MICHAEL A**
STREET ADDRESS **4601 OAKES RD**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **P.S.** ☒ Change ☐ Addition
NAME **MUCHA, MICHAEL A**
STREET ADDRESS **4971 SW 34 PLACE**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **MGRM** ☐ Delete
NAME **SOKS, CURTIS**
STREET ADDRESS **4601 OAKS ROAD**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **SOLES, CURTIS**
STREET ADDRESS **4971 SW 34 PLACE**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

954-584-0039

Daytime Phone #

CR2E034 (10/02)