

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004145

1. Entity Name
WATSON'S TOWING LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 14 PM 1:25

Principal Place of Business

1104 SOUTH MAIN STREET
GAINESVILLE FL 32601

Mailing Address

1104 SOUTH MAIN STREET
GAINESVILLE FL 32601

2. Principal Place of Business

516 SW 1ST STREET
Suite, Apt. #, etc.

3. Mailing Address

516 SW 1ST STREET
Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3852294

Applied For

Not Applicable

Zip

32601

Country

Zip

32601

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, WILLIAM B III
527 UNIVERSITY AVENUE
GAINESVILLE FL

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.

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 Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
STREET ADDRESS CARLISLE, JACK J
CITY-ST-ZIP 211 WEST MARTIN STREET
RALEIGH NC 27601

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME manager
STREET ADDRESS GENE WATSON
CITY-ST-ZIP 516 S.W. 1ST STREET
GAINESVILLE, FLA. 32601

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE: Gene Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

July 12, 2000 352/373-7475
Date Daytime Phone #

CR2E083 (5/00)