

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR -3 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WY 4/18

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000008830

1. Entity Name

MARTIN COUNTY TOWING, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

2649 S.E. FAIRMONT ST.

Suite, Apt. #, etc.

3. Mailing Address

645 S.E. SEAHOUSE DRIVE

Suite, Apt. #, etc.

City & State

STUART, FLORIDA

City & State

PORT ST. LUCIE, FLORIDA

Zip

Country

34997

MARTIN

Zip

34983

Country

ST. LUCIE

4. FEI Number

273-38-5285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

DONALD E. ARMOLD

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

645 S.E. SEAHOUSE DRIVE

City

PORT ST. LUCIE

FL

Zip Code

34983

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.

DONALD E. ARMOLD, PRESIDENT

3/29/2000

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE ☐ Delete

NAME MGRM  
Arnold, Donald E. JR  
SAME AS ABOVE

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003219578--8  
-04/24/00--01022--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DONALD E. ARMOLD

3/29/00 (561) 283-9696

Date

Daytime Phone #