2001 UNIFORM BUSINESS REPORT (UBR)

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

2001	UNIFURM BUSI	NESS NEPU	May (OBU)		»√ ®	
DOCUM 1. Entity Name	MENT # L9900000883	0 •	FILED			
MARTIN COUNTY TOWING, LLC				01 MAY -7 PM 3: 01		
Principal Place of Business Mailing Address			<u> </u>	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2649 S. STUART	E. FAIRMONT ST. FL 34997	2649 S.E. FAIR STUART FL 349		(MLLANASSEE,	-LURIDA	
		3. Mailing Address 645 S. E. SEAI	HOUSE DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State JENSEN BEACH FL		City & State PORT ST. LUCIE FL		4. FEI Number 273 38 5285	Applied For Not Applicable	
Zip 34957	Country MARTIN	Zip 34983	Country ST. LUCIE	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current	1		7. Name and Address of New Registered	i Agent	
Name						
645 S.	, DONALD E. JR. E. SEAHOUSE DR. T. LUCIE FL 34983		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code	
					<u> </u>	
SIGNATURE .		ld E. Armold, Jr				
	- · - · - · - · - · - · - · · - · · · ·	FILE NO	OW!!!-FEE-IS-\$50.	00~		
-		Make Check Pa	yable to Departmen	nt of State	. 	
9.	MANAGING MEMBERS/MEMBERS 10.			ADDITIONS/CHANGES		
TITLE	President	□ Delete	TITLE	•	Change Addition	
NAME	Donald E. Armold		NAME	·		
STREET ADDRESS	645 S. E. Seahouse	Dr.	STREET ADDRESS			
CITY-ST-ZIP	Port St. Lucié, FL	34983	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME			NAME CTREET ADORESE			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	<u> </u>	<u> </u>	
TITLE		Delete		800004368 -06/06/01- *****55.00	1) 1093 - July Addition	
NAME		_1 below	NAME	****55.UU	*****55.UU	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		1.F-1F	CITY-ST-ZIP			
TÜLE (Delete	TITLE		Change	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY, ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		☐ Change ☐ Addition	
NAME CORET ADDRESS			NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	,		CITY-ST-ZIP	•		
11 Lboroby	ertify that the information supplied with	this filing does not qualify for	the exemption stated i	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information	
indicated	on this report is true and accurate and ibility company or the receiver or truster	I that my signature shall have t	the same legal effect as	s if made under oath: that I am a managing men	iber or manager of the	
CICALAT		Donald E. A	rmold, Jr.,	President 4/16/2001 (5	61)283-9696	

Daytime Phone #

Date