

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90080 016 \*\*\*\*50.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # L99000008830**

1. Entity Name

MARTIN COUNTY TOWING, LLC

Principal Place of Business

872 POP TILTON PLACE  
 JENSEN BEACH FL 34957

Mailing Address

645 S.E. SEAHOUSE DR  
 PORT ST LUCIE FL 34983

2. Principal Place of Business

872 Pop Tilton Place 645 S.E. SEAHOUSE DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

JENSEN BEACH FL

City & State

PORT ST. LUCIE FL

Zip

Country

34957

MARTIN

Zip

34983

Country

ST LUCIE

4. FEI Number

27-3385285

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMOLD, DONALD E JR.  
 645 SEAHOUSE DRIVE  
 PORT ST. LUCIE FL 34983

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 ARMOLD, DONALD E JR.  
 645 SEAHOUSE DRIVE  
 PORT ST. LUCIE FL 34983

☐ Delete

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CR2E083 (9/01)

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: DONALD E ARMOLD JR PRESIDENT 1/13/02 561-283 9696  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #