

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96280

1. Entity Name

STEPP'S TOWING SERVICE WEST, INC.

Principal Place of Business

Mailing Address

9602 E. U.S. HWY. 92
TAMPA FL 33610
4214 W. CAYUGA
Tampa FLA 33614

9602 E. U.S. HWY. 92
TAMPA FL 33610-5928

2. Principal Place of Business

3. Mailing Address

4214 W. CAYUGA
Suite, Apt. #, etc.

9602 E HWY 92
Suite, Apt. #, etc.

City & State

City & State

Tampa FLA

Tampa FLA

Zip

Country

Zip

Country

33614 Hillsborough

33610 Hillsborough

4. FEI Number

59-2912061

Applied For

Not Applicable

15. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

JAMES E STEPP

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

9602 E HWY 92

City

Tampa FLA FL

Zip Code

33610

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

James E. Stepp

(NOTE: Registered Agent signature required when reinstating)

4/24/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME STEPP, JAMES
STREET ADDRESS 9602 E. U.S. HWY. 92
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE DVT
NAME STEPP, JUDITH
STREET ADDRESS 9602 E. U.S. HWY. 92
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE D
NAME STEPP, RANDY J.
STREET ADDRESS 9602 E. U.S. HWY. 92
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE D
NAME ROBERTS, SUE
STREET ADDRESS 9602 E. U.S. HWY. 92
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE D
NAME STEPP, TODD E.
STREET ADDRESS 9602 E. U.S. HWY. 92
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James E. Stepp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES E STEPP

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90800 010 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)