## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0000007907

## UNITED ASSOCIATION OF SALVAGE AND TOWING OPERATO



Principal Place of Business

Country

1/BOCA PL. SUITE 324 ATRIUM 2255 GLADES RD

6.-Name and Address of Current Registered Agent

C/O KEITH J. KANOUSE 1 BOCA PL SUITE 324 ATRIUM 2255 GLADES RD **BOCA RATON FL 33431** 

2. Principal Place of Business

K-NOUSE, KEITH J ESQ

**BOCA RATON FL 33431** 

KANOUSE & WALKER, P.A.

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

C/O KEITH J. KANOUSE 1 BOCA PL. SUITE 324 ATRIUM 2255 GLADES RD

Country

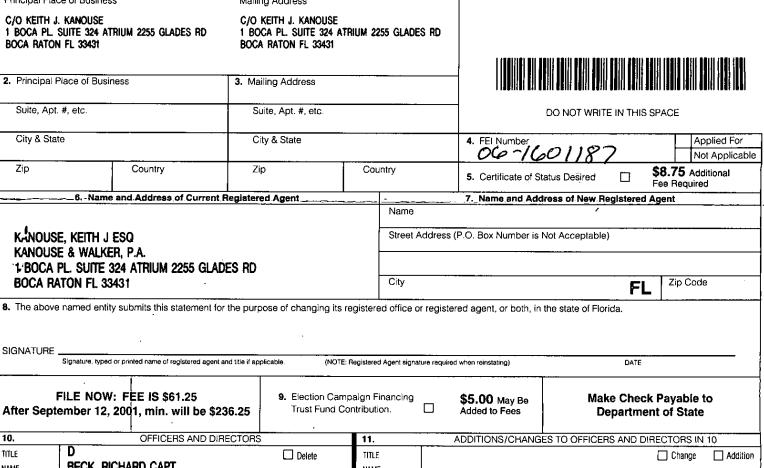
Name

City

| BOCA | RATON | FL | 33431 |  |
|------|-------|----|-------|--|
|      |       |    |       |  |

## **FILED** Aug 13, 2001 8:00 am Esecretary of State

03-06-2001 90352 017 \*\*\*150.00 08-13-2001 90065 029 \*\*\*150.00



| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |   |   |  |  |  |            |            |  |  |  |  |
|---|---|---|--|--|--|------------|------------|--|--|--|--|
| ·····   | organisme, typed or printed name or registered agent and title if appl    | (NOTE: H  | egistered Agent signatur                 | e required when reinstating)   | DATE   |            |            |  |  |  |  |
|   | FILE NOW: FEE IS \$61.25<br>ember 12, 2001, min. will be \$236.25         | 9. Election Campaign Financing Trust Fund Contribution. |  | \$5.00 May Be<br>Added to Fees   | Make Check Payable to<br>Department of State |            |            |  |  |  |  |
| 10.   | OFFICERS AND DIRECTORS  |   | 11.                                      | ADDITIONS/CHANGE   | ES TO OFFICERS AND DI                        | RECTORS IN | 10         |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>BECK, RICHARD CAPT.<br>1509 AVENUE C<br>RIVIERA BEACH FL 33404       | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  |  | ☐ Change   | Addition   |  |  |  |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | D<br>WINKLER, STEVE CAPT.<br>256 MARGINAL STREET<br>EAST BOSTON MA 02128  | ☐ Delete  | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | and the same of th |  | ☐ Change   | Addition   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>CREIGHTON, BILL CAPT.<br>320 CLARKS COVE ROAD<br>WALPOLE ME 04573    | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  | •  | ☐ Change   | ☐ Addition |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>MORGAN, TIM CAPT.<br>2252 SE 17TH STREET<br>FORT LAUDERDALE FL 33316 | □ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  |  | □ Change   | ☐ Addition |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>SAVIA, PAUL CAPT.<br>4287 ORIOLE AVENUE<br>DAYTONA BEACH FL 32127    | □ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  |  | ☐ Change   | Addition   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 1   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  | -  | ☐ Change   | Addition   |  |  |  |  |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

(017-567-8053