

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90416 004 \*\*\*\*61.25

**DOCUMENT # N93000003869**

1. Entity Name

**HILLSBOROUGH COUNTY TOWING ASSOCIATION, INC.**



Principal Place of Business

**3426 15TH STREET  
TAMPA FL 33605  
US**

Mailing Address

**3426 15TH STREET  
TAMPA FL 33605  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3200550**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIANA, ANGELO**

**3426 15TH STREET  
TAMPA FL 33605-1198**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ALLEN, STEVE	7219 O'BRIEN	TAMPA FL 33616	<input type="checkbox"/>
IVP	WERNER, PHIL	6503 E. BROADWAY	TAMPA FL 33604	<input type="checkbox"/>
T	TRIANA, ANGELO	3426 N. 15TH STREET	TAMPA FL	<input type="checkbox"/>
D	BREWINGTON, DAVID	302- CALHOUN	PLANT CITY FL 33566	<input type="checkbox"/>
D	RODRIGUEZ, API	6425 N FLORIDA AVE	TAMPA FL 33604	<input type="checkbox"/>
D	FLETCHER, BARNEY	3304 E 7TH AVE	TAMPA FL 33605	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	JOHN LAUD	11207 SHELDON RD.	TAMPA, FLA 33626	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Angelo Triana*

1/8/03

CR2E037 (10/02)