

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002244

1. Entity Name

ANTHONY'S TOWING, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90011 044 ***163.75

Principal Place of Business

2513 SILVER STREET
JACKSONVILLE FL 32206

Mailing Address

2513 SILVER STREET
JACKSONVILLE FL 32206

2. Principal Place of Business

1702 Ogilvie Park Ln

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 11507

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville FL

4. FEI Number

59-3629585

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOFFO, JOSEPH JR.
2513 SILVER STREET
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name

Joseph Moffo Jr.

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

3888 Townsend Blvd.

City

Jacksonville

FL

Zip Code

32277

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

Joseph Moffo Jr. - President

Signature typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-9-01

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☒

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS
NAME MOFFO, JOSEPH
STREET ADDRESS 2513 SILVER STREET
CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Delete

TITLE V
NAME RITCHEY, SCOTT A
STREET ADDRESS 13903 ASCOT DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32250 ☒ Delete

TITLE T
NAME MOFFO, SHIRLEY
STREET ADDRESS 2513 SILVER STREET
CITY-ST-ZIP JACKSONVILLE FL 32206 ☒ Delete

TITLE V
NAME JOHNSON, MARK P
STREET ADDRESS 3888 TOWNSEND BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32297 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Joseph Moffo Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01

Date

904-645-0059

Daytime Phone #

0011517

CR2E034 (10/00)