

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90223 008 ***150.00

DOCUMENT # P 000000 33964

1. Entity Name

ER Towing & Repair Service, Inc.

DO NOT WRITE IN THIS SPACE

11034593

2. Principal Place of Business

16260 S.E. 9th Court

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 694

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sommersfield, FL

City & State

Sommersfield, FL

4. FEI Number

59-360-3592

Applied For

Not Applicable

Zip

34491

Country

U.S.A. MARION

Zip

34492

Country

U.S.A. MARION

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Edwin L. Raflowitz

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

16260 S.E. 9th Court

City

Sommersfield, FL

Zip Code

34491

**DO NOT WRITE
IN THIS SPACE**

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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: President / CEO / Secy.
NAME: Edwin L. Raflowitz
STREET ADDRESS: 16260 S.E. 9th Ct.
CITY-ST-ZIP: Sommersfield, FL 34491

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Vice-President - Operations
NAME: Jeffery N. Smith
STREET ADDRESS: 321 Marion Oaks Dr.
CITY-ST-ZIP: Ocala, FL 34473

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Treasurer
NAME: Pamela R. Schaller
STREET ADDRESS: 16260 S.E. 9th Ct.
CITY-ST-ZIP: Sommersfield, FL 34491

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-03

Date

Daytime Phone #

CR2E034B (12/01)