

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

DOCUMENT # ~~2000000~~ 33964

1. Entity Name

ER Towing & Repair Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4350 N.W. 115th Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 694

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Summersfield, FL

Zip

34482

Country U.S.A.

MARION

Zip

34492

Country U.S.A.

MARION

4. FEI Number

59-360-3592

Applied For

Not Applicable

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)

4350 N.W. 115th Ave

City

Ocala

FL

Zip Code

34482

**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

 Edwin L. Raflowitz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

16 October 03

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
NAME

President / Secretary / Director

STREET ADDRESS
CITY - ST - ZIP

Edwin L. Raflowitz
4350 N.W. 115th Ave
Ocala, FL 34482

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

200023907382
10/17/03--01055--022 **8.75

TITLE
NAME

Vice-President / Treasurer / Director

STREET ADDRESS
CITY - ST - ZIP

John Stewart
4 Beck Lane
Le Banon, Mo. 65536

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

Vice-President / Operations

STREET ADDRESS
CITY - ST - ZIP

Jeppery D. Smith
321 Marion Oaks Dr.
Ocala, FL 34473

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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TITLE
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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:

 Edwin L. Raflowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

16 October 03 352-245-4422

Daytime Phone #

CR2E034B (12/01)