

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 23, 2001 8:00 am
Secretary of State

05-01-2001 90012 011 ***150.00

DOCUMENT # P00000048527

1. Entity Name

GERMAN TOWING SERVICE, INC.

Principal Place of Business

**6106 HOFFNER AVE.
 ORLANDO FL 32824**

Mailing Address

**6106 HOFFNER AVE.
 ORLANDO FL 32824**

2. Principal Place of Business

6106 Hoffner Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

599013027

Applied For

Not Applicable

Zip

32822

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GERMAN, JUAN
 9598 VIOLET DR.
 ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name

Same

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.

SIGNATURE

Juan German

5-18-01

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) ☐

**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	Juan German	<input type="checkbox"/> Delete
NAME	President	
STREET ADDRESS	6106 Hoffner Ave	
CITY-ST-ZIP	Orlando FL 32822	
TITLE	Vice-president	<input type="checkbox"/> Delete
NAME	Angela M German	
STREET ADDRESS	6106 Hoffner Ave	
CITY-ST-ZIP	Orlando FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Juan German
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

407-7093808

Daytime Phone

CR2E034 (10/00)