

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90019 012 ***150.00

DOCUMENT # P00000053491

1. Entity Name

BIG ASS TOWELS, INC.

Principal Place of Business

Mailing Address

2862 N.W. 108TH AVENUE
SUNRISE FL 33322

2862 N.W. 108TH AVENUE
SUNRISE FL 33322

2. Principal Place of Business

3. Mailing Address

852 JAKL AVE

852 JAKL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34232

Country

SARASOTA

Zip

34232

Country

SARASOTA

4. FEI Number

105-1008953

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

RAMSDELL, KEVIN
2862 N.W. 108TH AVENUE
SUNRISE FL 33322

Name

SAME

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

852 JAKL AVE

City

SARASOTA

FL

Zip Code

34232

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

KEVIN RAMSDELL CEO

1/28/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS RAMSDELL, KEVIN
CITY-ST-ZIP 2862 N.W. 108TH AVENUE
SUNRISE FL 33322

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS JOHN OLSON
CITY-ST-ZIP 2853 NW 108 AVE
SUNRISE, FL 33322

TITLE ☒ Delete
NAME D
STREET ADDRESS MARCUS-RAMSDELL, KELLIE
CITY-ST-ZIP 2862 N.W. 108TH AVENUE
SUNRISE FL 33322

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 any other like empowered.

SIGNATURE:

KEVIN RAMSDELL CEO

1/28/2001

941-377-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)