

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000 94459**

Entity Name

**TOP STAR TOWING, INC**

Principal Place of Business

Mailing Address

**2821 HURON WAY  
MIRAMAR FL. 33025**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1046533**

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

**SMITHS STIVEL  
2821 HURON WAY  
MIRAMAR FL. 33025**

Name

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

City

**FL**

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 + 8.75  
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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p>11. OFFICERS AND DIRECTORS</p> <p><input type="checkbox"/> Delete</p> <p><b>D SMITHS STIVEL</b></p> <p><b>2821 HURON WAY</b></p> <p><b>MIRAMAR FL. 33025</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY- ST- ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY- ST- ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY- ST- ZIP</p>
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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: **Stivels Smiths**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-4-11-01**

CR2E034 (10/00)

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

07-05-2001 90011 009 \*\*\*158.75

Attachment  
Doc # P00000094459  
C6070492



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 4, 2001

TOP STAR TOWING, INC.  
2821 HURON WAY  
MIRAMAR, FL 33025

Subject: TOP STAR TOWING, INC.

Reference            P00000094459  
Number:

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SA  
ANNUAL REPORTS SECTION