

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAR 24 PM 1:17

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

03/24/08--01007--024 \*\*150.00



<b>DOCUMENT # P00000117875</b> 1. Entity Name UNIVERSAL TOWING, INC.					
Principal Place of Business 750 CARSWELL AVENUE HOLLYHILL, FL 32117			Mailing Address 750 CARSWELL AVE HOLLY HILL, FL 32117		
2. Principal Place of Business - No P.O. Box # 542 LPGA Blvd.		3. Mailing Address 542 LPGA Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Holly Hill, Florida		City & State Holly Hill, Florida		4. FEI Number 59-3687605	
Zip 32117		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required...	
6. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 1840 CORAL WAY, 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPAGNUOLO, LAURIE A 750 CARSWELL AVENUE HOLLYHILL, FL 32117		TITLE NAME STREET ADDRESS CITY-ST-ZIP	542 LPGA Blvd. Holly Hill, Florida 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CAMPAGNUOLO, FRED 750 CARSWELL AVENUE HOLLYHILL, FL 32117		TITLE NAME STREET ADDRESS CITY-ST-ZIP	542 LPGA Blvd. Holly Hill, Florida 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>			2/25/08 386-255-0203		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		