

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90474 010 ***150.00

DOCUMENT # P01000005047

1. Entity Name

Coast To Coast Towing and Recovery INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12422 COTTRELL ST

3. Mailing Address

12422 Cottrell Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Fla

City & State

Tampa Fla

4. FEI Number

59-3703749

Applied For

Not Applicable

Zip

33612

Country

Hills

Zip

33612

Country

Hills.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GINA HINES

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

12422 COTTRELL ST

City

Tampa

FL

Zip Code

33612

**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

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) ☐

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
STREET ADDRESS
CITY-ST-ZIP
*P
Walt Hines
12422 COTTRELL ST TFLA 33612*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Walt Hines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-13-02

813-933-6758

CR2E034B (12/01)

Attachment
Document #

PO1000005047
866642

GINA HIMES
COAST TO COAST TOWING
12422 COTTRELL ST
TAMPA, FL 33612

Request taken by: thampton
05-01-2002

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Attachment
Document #

UPON speaking with my mom PO1000005047
866642

May 1st she's involved with a separate
company. asking if I've filled paperwork
out for coporation - never recieved
anything. I called May 1st when
I got back from lunch - stated
my case on voice mail - I recieved
Application. I've filled it out
please excuse my tardiness
for this is my first year filling
it out and didnt recieve original
application. Thank you!

Gma #ms

Attachment

213 933-16758