

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90039 006 \*\*\*150.00

**DOCUMENT # P01000015620**

1. Entity Name

**A & W TOWING AND RECOVERY, INC.**

Principal Place of Business

**417 W SUGARLAND HWY  
 CLEWISTON FL 33440**

Mailing Address

**417 W SUGARLAND HWY  
 CLEWISTON FL 33440**

2. Principal Place of Business

**1145 LANGDALE RD**

3. Mailing Address

**1345 N HWY 27**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MOORE HAVEN FL**

City & State

**MOORE HAVEN FL**

Zip

**33471**

Country

**GLADES**

Zip

**33471**

Country

**GLADES**

6. Name and Address of Current Registered Agent

**PEREZ, ANTONIO R**

**417 W SUGARLAND HWY  
 CLEWISTON FL 33440**

7. Name and Address of New Registered Agent

**LOUIS M. ALVAREZ**

**1345 N HWY 27**

**MOORE HAVEN**

**FL**

**Zip Code 33471**

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]*

**LOUIS M. ALVAREZ**

**4/18/02**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALVAREZ, LUIS</b>	
STREET ADDRESS	<b>1345 N HWY 27</b>	
CITY-ST-ZIP	<b>MOORE HAVEN FL 33471</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		
STREET ADDRESS		
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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:

*[Signature]*

**LOUIS M. ALVAREZ**

**4/18/02**

**863 946-1531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)