

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90114 030 ***150.00

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DOCUMENT # P01000072148

1. Entity Name
FULKERSON TOWING AND RECOVERY INC.

(L)



Principal Place of Business
57 MENENDEZ ROAD
SAINT AUGUSTINE FL 32080

Mailing Address
57 MENENDEZ ROAD
SAINT AUGUSTINE FL 32080

2. Principal Place of Business
2150 US1 SOUTH
Suite, Apt. #, etc.

3. Mailing Address
2150 US1 SOUTH
Suite, Apt. #, etc.

City & State
ST. AUGUSTINE
FL **USA**

City & State
ST. AUGUSTINE FL
32086 **USA**

4. FEI Number **59-3733878**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

CHATILA, ABDUL RAHMAN
57 MENENDEZ RD
SAINT AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name **ABDUL RAHMAN CHATILA**
Street Address (P.O. Box Number is Not Acceptable)
2150 US1 SOUTH
City **ST. AUGUSTINE** **FL** **Zip Code** **32086**

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 *[Signature]* **ABDUL RAHMAN CHATILA PRE.** **7/7/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHATILA, GHADA	
STREET ADDRESS	57 MENENDEZ ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	CHATIA, ABDUL RAHMAN	
STREET ADDRESS	57 MENENDEZ ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHATIA, ABDUL RAHMAN	
STREET ADDRESS	57 MENENDEZ ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	CHATILA, ABRAHAM	
STREET ADDRESS	57 MENENDEZ ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE RE AB DUL RAHMAN CHATILA 7/7/03 804 669 3751**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)