

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072561

1. Entity Name
ALL 4 ONE TOWING & RECOVERY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -2 AM 8:00

REINSTATEMENT 03



Principal Place of Business
ROUTE 22 BOX 395
LAKE CITY FL 32025

Mailing Address
ROUTE 22 BOX 395
LAKE CITY FL 32025

2. Principal Place of Business

Rt 9 Box 2400B
Suite, Apt. #, etc.

3. Mailing Address

2147 SW Loncala Loop
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES *MRD*

City & State
Lake City FL

Zip
32024

Country
USA

City & State
Ft. White FL

Zip
32038

Country
USA

4. FEI Number 59-3735485

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMERON, TERRI
ROUTE 22 BOX 395
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name Terri Cameron

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

2147 SW Loncala Loop

City Ft White

FL 32038

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 *Terri J. Cameron*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-30-03

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
NAME VD
STREET ADDRESS CAMERON, KIRK
CITY-ST-ZIP ROUTE 22 BOX 395
LAKE CITY FL 32025 ☐ Delete

TITLE
NAME PTS
STREET ADDRESS CAMERON, TERRI
CITY-ST-ZIP ROUTE 22 BOX 395
LAKE CITY FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Terri J. Cameron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-03

Date

386-755-3004

Daytime Phone #

0119837 AT

CR2E034 (4/03)