

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-31-2003 90128 038 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/3

DOCUMENT # P01000084027

1. Entity Name
BOATWRIGHT'S GARAGE & TOWING, INC.



Principal Place of Business
14330 N.E. 203RD AVENUE ROAD
FORT MCCOY FL 32134

Mailing Address
14330 N.E. 203RD AVENUE ROAD
FORT MCCOY FL 32134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3740950

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKS, DANIEL
421 SOUTH PINE AVENUE
OCALA FL 34474-4175

Name
LORRAINE S. Sadler
Street Address (P.O. Box Number is Not Acceptable)
14330 N.E. 203 Ave Rd

City
Fort McCoy, FL

FL

Zip Code
32134

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 Lorraine S. Sadler Sec./Dir.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-28-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS BOATWRIGHT, CLINTON A
CITY-ST-ZIP 14330 N.E. 203RD AVENUE ROAD
FORT MCCOY FL 32134 ☐ Delete

TITLE
NAME VTSD
STREET ADDRESS STOCKMASTER, WILLIAM B
CITY-ST-ZIP 14330 N.E. 203RD AVENUE ROAD
FORT MCCOY FL 32134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME V
STREET ADDRESS Otto Schmidtke
CITY-ST-ZIP 16885 N E 141 Court
Fort McCoy, FL 32134 ☒ Change ☐ Addition

TITLE
NAME T/D
STREET ADDRESS Lorraine S. Sadler
CITY-ST-ZIP 14330 N E 203 Ave Rd
Fort McCoy, FL 32134 ☐ Change ☒ Addition

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

TITLE
NAME S
STREET ADDRESS Sherri Taylor
CITY-ST-ZIP 23831 N W 185 St Box
Fort McCoy, FL 32134 ☐ Change ☒ Addition

TITLE
NAME C
STREET ADDRESS Ruel G. Howard
CITY-ST-ZIP 21655 N E 134 Place
Fort McCoy, FL 32134 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(2)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clinton Boatwright

352-685-8699

1-28-03

Daytime Phone #

CR2E034 (10/02)