

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90139 034 ***150.00

DOCUMENT # P01000107986

1. Entity Name

LIBERTY TOWING AND RECOVERY, INC.



Principal Place of Business

761 S HWY 17-92
DEBARY FL 32713

Mailing Address

761 S HWY 17-92
DEBARY FL 32713

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3759773

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

ACEVEDO, J. MANUEL
116 N PARK AVE
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SAMUELS, FARRELL M
1372 TARTAN LANE
DELTONA FL 32738

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Samuels Farrell M
441 Sunlake Circle
LAKE MARY, FL 32746
☒ Change ☐ Addition

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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/03

Daytime Phone #

CP2EN34 (10/02)

ATTACHMENT
#P01000107986
80145066

A
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

AUGUST 31, 2003

RE: LIBERTY TOWING & RECOVERY, INC.

TO WHOM IT MAY CONCERN:

PLEASE EXCUSE OUR LATE FILING FEE, WE HAD DONE SOME REORGANIZATION IN OUR OFFICE & HAVE RECENTLY LOCATED OUR PAPERWORK, AND NEVER RECEIVED A REMINDER NOTICE.

IT IS NOT OUR INTENTION TO PAY OUR FEE LATE, WE DO APOLOGIZE FOR THE OVERSIGHT & ASSURE WILL NOT HAPPEN IN THE FUTURE.

THANK YOU FOR YOUR CONSIDERATION,

SINCERELY,

Farrell M. Samuels
FARRELL M. SAMUELS
PRES.