

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

01-17-2003 90044 035 ***150.00

DOCUMENT # P02000038384



1. Entity Name
A NOLAN NORTH TOWING, INC.

Principal Place of Business
P.O. BOX 630223
MIAMI FL 33163-0223

Mailing Address
P.O. BOX 630223
MIAMI FL 33163-0223



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

30-0067247

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

CAPOZZI, SALVATORE

19230 W. DIXIE HWY 20406 NE 15th
NORTH MIAMI BEACH FL 33180
33179

Name

Salvatore Capozzi

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

1941 NE 197 Ter

City

N M B

FL

Zip Code

33179

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

Salvatore Capozzi
Signature, typed or printed name of registered agent, if applicable.

Salvatore Capozzi

(NOTE: Registered Agent signature required when reinstating)

1/14/03

DATE

9. **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 **D** ☐ Delete
NAME **CAPOZZI, SALVATORE**
STREET ADDRESS **P.O. BOX 630223**
CITY-ST-ZIP **MIAMI FL 33163-0223**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 of assets 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

1/14/03

Date

Daytime Phone #

CR2E034 (10/02)