


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>20200061887</u>	
1. Entity Name <u>L & J TOWING, Inc</u>	

FILED
03 AUG 22 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3341 N. DIXIE HWY</u>	3. Mailing Address <u>3341 N DIXIE HWY</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>Pompano Beach FL</u>	City & State <u>Pompano Beach FL</u>
Zip <u>33064</u>	Zip <u>33064</u>
Country	Country

DO NOT WRITE IN THIS SPACE

<p align="center">DO NOT WRITE IN THIS SPACE</p>	<table border="1" style="width:100%"> <tr> <td>4. Filing Number <u>32-0042969</u></td> <td>Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> <tr> <td colspan="2">7. Name and Address of Current Registered Agent</td> </tr> <tr> <td colspan="2">Name <u>CALVO LOUISE</u></td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) <u>3341 N DIXIE HWY</u></td> </tr> <tr> <td>City <u>Pompano Beach</u></td> <td>FL Zip Code <u>33064</u></td> </tr> </table>	4. Filing Number <u>32-0042969</u>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of Current Registered Agent		Name <u>CALVO LOUISE</u>		Street Address (P.O. Box Number is Not Acceptable) <u>3341 N DIXIE HWY</u>		City <u>Pompano Beach</u>	FL Zip Code <u>33064</u>
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City <u>Pompano Beach</u>	FL Zip Code <u>33064</u>												
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 <u>Louise Calvo</u> 8/21/03													

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>1 S VP T D</u> <u>CALVO, LOUISE</u> <u>3341 N DIXIE HWY</u> <u>Pompano Beach FL 33064</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>200022517242</u> <u>08/22/03--01062--001 **150.00</u>
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Louise Calvo</u>	Date <u>8/21/03</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date

CR2E034B (12/02)

L & J Towing, Inc.
3341 N. Dixie HWY
Pompano Beach
Florida
33064

July 24th, 2003

The Department of State
Division of Corporations
Tallahassee
Florida

Dear Sirs:


RE: L & J Towing, Inc. P02000061884

We changed our address in December 2002 and filled out the relevant address change forms at the post office.

However, we never received the Annual Corporate Renewal form through the mail and only after our CPA asked us this month if we had paid the bill did we realize that the payment had not been made. We would appreciate it if you would accept the enclosed check for \$ 150.00 and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,



L. Calvo (Pres)