

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90196 030 ***150.00

DOCUMENT # P02000076918

1. Entity Name

ALL AROUND TOWING, INC.



Principal Place of Business
4146 COLT LANE
WEST PALM BEACH FL 33406

Mailing Address
4146 COLT LANE
WEST PALM BEACH FL 33406

2. Principal Place of Business

1048 S.W. Biltmore ST

3. Mailing Address

1225 S.W. Biltmore ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PT. ST. Lucie

City & State

Port. ST. Lucie

Zip

34953

Country

FL Martin

Zip

34953

Country

Martin Cnty

4. FEI Number

30-0115077

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

MORALES, CARMEN A
4146 COLT LANE
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name **Rafael Morales**

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

1225 SW Biltmore ST

City

PT St Lucie

FL

Zip Code

34983

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 **R. Morales**

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

(NOTE: Registered Agent signature required when reinstating)

1/10/03

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

TITLE **PD** ☒ Delete
NAME **MORALES, CARMEN A**
STREET ADDRESS **4146 COLT LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **VD** ☐ Delete
NAME **MORALES, RAFAEL**
STREET ADDRESS **4146 COLT LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1225 SW Biltmore ST**
CITY-ST-ZIP **PT. ST. Lucie FL 34983**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: **R. Morales** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/03

Date

(561) 640-8873

Daytime Phone #

CR2E034 (10/02)