

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148591

FILED
May 04, 2008
Secretary of State

Entity Name: UNIVERSITY TOWING & RECOVERY, INC.

Current Principal Place of Business:

1035 OAK RIDGE RD WEST
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

1035 OAK RIDGE RD WEST
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: 01-0822698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, PEARLIE
1035 OAK RIDGE RD WEST
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: AUSTIN, PEARLIE
Address: 1035 OAK RIDGE RD WEST
City-St-Zip: TALLAHASSEE, FL 32305

Title: VP () Delete
Name: AUSTIN, LARRY
Address: 3219 OLSON ROAD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEARLIE AUSTIN

CEO

05/04/2008

Electronic Signature of Signing Officer or Director

Date