

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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90091 021 \*\*\*150.00

DOCUMENT # **P92000015124**

1. Entity Name

**FULKERSON TOWING, INC.**



**DO NOT WRITE IN THIS SPACE**

**55040015**

2. Principal Place of Business

3. Mailing Address

**1875 SR 207**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**ST. AUGUSTINE, FL**

4. FEI Number

**59-315 7900**

Applied For

Not Applicable

Zip

Country

Zip

**32086**

Country

**ST. JOHNS**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**VERA ZIEMBINSKI - ALLEN**

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

**1875 SR 207**

City

**ST. AUGUSTINE**

**FL**

Zip Code

**32086**

**DO NOT WRITE  
IN THIS SPACE**

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

*Vera Ziembski - Allen*

**5-5-2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ZIEMBINSKI - ALLEN, VERA  
1875 SR 207, ST. AUGUSTINE  
FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DSTC  
WILLIAMS JAMES D  
1875 SR 207  
ST. AUGUSTINE, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Vera Ziembski - Allen* **VERA ZIEMBINSKI - ALLEN** **5-5-03 904 824 3204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

5504015  
#P92000015124

FULKERSON TOWING INC.

24 HOUR WRECK RECOVERY

1875 SR 207

ST. AUGUSTINE, FL 32086

(904) 824-3204

FAX 904 824 3144

AS OF TODAY WE DID NOT RECEIVE  
THE ORIGINAL PAPERS FOR SIGNATURE.

UBR WAS FILE ON TIME.

THIS IS DOWNLOAD FROM SUNBIZ FOR  
CORRECTION OF MISSING SIGNATURE.

THANK YOU

SINCERELY Vera Runkel - Al  
PD