

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90217 001 ***150.00
 05-23-2001 90217 002 ***400.00

4926

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000036560**

1. Entity Name
WHITE'S WRECKER SERVICE, INC.

Principal Place of Business
6120 Highway 22
Panama City FL 32404

Mailing Address
6120 Highway 22
Panama City FL 32404

2. Principal Place of Business
6120 E Hwy 22

3. Mailing Address
6120 E Hwy 22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Panama City FL

City & State
Panama City FL

4. FEI Number
59-3186774

Applied For
 Not Applicable

Zip
32404

Country
U.S.

Zip
32404

Country
U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Richard Albritton, Esq.
1042 Jenks Ave
Panama City FL 32401

7. Name and Address of New Registered Agent

Name
Stan Trappe, Esq.

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

City **Panama City** **FL** Zip Code **32401**

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.

SIGNATURE **STAN TRAPPE**

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

(NOTE: Registered Agent signature required when reformatting)

5-9-1

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann White Vice-President, Secretary & Treasurer 6120 E Hwy 22 Panama City FL 32404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard White President 6120 E Hwy 22 Panama City FL 32404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANN WHITE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-1

Date

850-871-9078

Daytime Phone #

CR2E034 (11/00)