

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050317

1. Entity Name

BONNIE TOWING & RECOVERY, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90383 012 ***150.00

Principal Place of Business

171-A NW 4TH ST.
BOCA RATON FL 33432
US

Mailing Address

2919 E COMMERCIAL BLVD
STE A
FT LAUDERDALE FL 33308-4207
US

A0017839

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2800 E Commercial Blvd

Ste 208

St. Lauderdale FL

33308



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0429852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZ, ALLEN H
2919 E COMMERCIAL BLVD
STE A
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

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

2800 E. Commercial Blvd Ste 208

City

St. Lauderdale

FL

Zip Code

33308

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

Allen H. Katz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-2000

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, 2000 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 PS
NAME BONNIE, LINDA
STREET ADDRESS 171 A NE 4TH ST
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE VPT
NAME BONNIE, ROBERT JAMES
STREET ADDRESS 171 A NE 4TH ST
CITY-ST-ZIP BOCA RATON FL 33432 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Bonnie President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-00 561-347-1846