

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000010598**
 1. Entity Name
ABSOLUTE TOWING INC.

1062

FILED

01 SEP 25 AM 11:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
2846 HILLIARD ISLE RD. P.O. Box 592754
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
KISSIMMEE FL. ORLANDO FL.
 Zip Country Zip Country
34744 US 32859 US

4. FEI Number Applied For
59-3296537 Not Applicable

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

6. Name and Address of Current Registered Agent
LARSEN PETE
2846 HILLIARD ISLE RD
KISS. FL. 34744

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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

FILE NOW WITH FEE (\$3.150.00)
 After MAY 1, 2001 Fee will be \$550.00
 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	☐ Delete
STREET ADDRESS	PRES. LARSEN PETE	
CITY-ST-ZIP	2846 HILLIARD ISLE RD	
	KISS. FL. 34744	
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 files empowered.

SIGNATURE: **P. Larsen** **9-21-01** **407-850-6000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

208

PLEASE ACCEPT THIS LATE
I DID NOT RECEIVE UBR
FORM. I CHANGED THE MAILING
ADDRESS SO THIS DOES NOT
HAPPEN AGAIN. I AM THE ONLY
~~ONE WITH A KEY TO THIS P.O. BOX.~~

THANK YOU
VERY MUCH



PETE LARSEN
PRES.