

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90145 011 ***150.00

DOCUMENT # P95000038112

1. Entity Name
JANKOWSKI TOWING & RECOVERY, INC.



Principal Place of Business
**208 E TERR DR
PLANT CITY FL 33566**

Mailing Address
**208 E TERR DR
PLANT CITY FL 33566**

2. Principal Place of Business
3507 SR. 574 W. 3507 SR 574 W.

3. Mailing Address
3507 SR 574 W.

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State
Plant City FL

City & State
Plant City FL

4. FEI Number **59-3315033**

Applied For
Not Applicable

Zip
33563

Country
Hillsb.

Zip
33563

Country
Hillsb

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JANKOWSKI, JAMES
711 E SAM ALLEN RD
PLANT CITY FL 33566**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JANKOWSKI, JAMES
711 E SAM ALLEN RD
PLANT CITY FL 33566-3401** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/03 813754 1939

0446094 AV

CR2E034 (10/02)