

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 8:00 am**
Secretary of State

04-28-2001 90082 011 ***150.00

0437050

DOCUMENT # P95000082136

1. Entity Name

TONY'S TOWING, INC.

Principal Place of Business

**3403 SOUTH US 1
FT. PIERCE FL 34982
US**

Mailing Address

**3403 SOUTH US 1
FT. PIERCE FL 34982
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0661099**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**OOLEY, RANDY
3403 SOUTH US 1
FT. PIERCE FL 34982**

7. Name and Address of New Registered Agent

Name **ANTHONY ORTIZ**
Street Address (P.O. Box Number is Not Acceptable)
3403 SOUTH US 1
City **FORT PIERCE** **FL** Zip Code **34982**

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 **X**

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

(NOTE: Registered Agent signature required when reinstating)

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 **PD** ☒ Delete
NAME **OOLEY, RANDY**
STREET ADDRESS **3403 SOUTH US 1**
CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE **VD** ☒ Delete
NAME **OOLEY, JERRY**
STREET ADDRESS **3403 SOUTH US 1**
CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE **SD** ☒ Delete
NAME **OOLEY, TAMMY**
STREET ADDRESS **3403 SOUTH US 1**
CITY-ST-ZIP **FT. PIERCE FL 34982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T/S/D** ☐ Change ☒ Addition
NAME **ANTHONY ORTIZ**
STREET ADDRESS **2300 WINDING CREEK LANE**
CITY-ST-ZIP **FT PIERCE FL 34982**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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)(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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01**561465-2995
OWNER**

CR2E034 (10/00)