

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90058 016 ***150.00

DOCUMENT # P96000085102

1. Entity Name
ECONOMY TOWING & RECOVERY, INC.



Principal Place of Business
**400 N CANAL STREET
LEESBURG FL 34748**

Mailing Address
**907 WEBSTER STREET
LEESBURG FL 34748**

2. Principal Place of Business

3. Mailing Address
400 N Canal St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Leesburg FL

Zip

Country

Zip
34748

Country
Lake

4. FEI Number **99-9343512**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROBERTSON, ROY L
400 N. CANAL STREET
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name **Hans Pauli**
Street Address (P.O. Box Number is Not Acceptable)
400 N Canal St
City **Leesburg** FL Zip Code **34748**

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

02-04-03

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ALLEN, DAVID**
STREET ADDRESS **400 N CANAL STREET**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Hans Pauli**
STREET ADDRESS **400 N Canal St.**
CITY-ST-ZIP **Leesburg FL 34748**

TITLE **D** ☐ Change ☒ Addition
NAME **Paul Christopherson**
STREET ADDRESS **400 N Canal St**
CITY-ST-ZIP **Leesburg FL 34748**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

REPROVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-03 352-787-8132
Date Daytime Phone #

CR2E034 (10/02)