

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State
 01-24-2000 90095 029 ***150.00

DOCUMENT # P96000096422

1. Entity Name
AVANT'S TOWING AND RECOVERY, INC.

905122



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 183RD RD P O BOX 1243
 OAK FL 32060 LIVE OAK FL 32064-1243

2. Principal Place of Business 3. Mailing Address
3100 Old Winter Garden Rd P O Box 580836
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt 1023 N/A
 City & State City & State
Ocoee FL Orlando FL
 Zip Zip Country Country
34761 USA 32858 USA

4. FEI Number **59-3413026** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AVANT, KEVIN RANDALL
1310 HUDSON ST
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name **Kevin Randall Avant**
 Street Address (P.O. Box Number is Not Acceptable)
3100 Old Winter Garden Rd
Apt 1023
 City **Ocoee FL** Zip Code **34761**

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 **Kevin R. Avant** **President** **1-18-00**
 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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P AVANT, KEVIN R	1310 HUDSON ST	ORLANDO FL 32805	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Kevin R. Avant** **President** **1/18/00** **407-295-0208**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)