

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90118 049 ***150.00

DOCUMENT # P97000030044

1. Entity Name
TOWNSEND TRACTOR SERVICE, INC.



Principal Place of Business
**81 GOLDEN GATE BLVD.
NAPLES FL 34120**

Mailing Address
**81 GOLDEN GATE BLVD.
NAPLES FL 34120**



2. Principal Place of Business

81 Golden Gate Blvd E.

3. Mailing Address

81 Golden Gate Blvd E.

Suite, Apt. #, etc.

81 Golden Gate Blvd E.

Suite, Apt. #, etc.

#

City & State

Naples Florida

City & State

Naples Florida

Zip

34120

Country

U.S.A.

Zip

34120

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3437213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOWNSEND, RICHARD
81 GOLDEN GATE BLVD.
NAPLES FL 34120**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	TOWNSEND, RICHARD	
STREET ADDRESS	81 GOLDEN GATE BLVD.	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, RICHARD	
STREET ADDRESS	81 GOLDEN GATE BLVD.	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard Townsend
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-03

239-455-8690

CR2E034 (10/02)