

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90104 012 ***150.00

DOCUMENT # P97000041330

1. Entity Name
UNIVERSITY TOWING AND TRANSPORT, INC.



Principal Place of Business
2546 NW 74TH PLACE
GAINESVILLE FL 32653
US

Mailing Address
2546 NW 74TH PLACE
GAINESVILLE FL 32653
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 **59-3448985**

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

7. Name and Address of New Registered Agent

MOORE, STEPHEN R
2817 N W 57TH PLACE
GAINESVILLE FL 32653

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, 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	HEDGCOTH, DAVID SCOTT	
STREET ADDRESS	4131 N W 6TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARPER, JOHN T	
STREET ADDRESS	4131 N W 6TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNER, LISA J	
STREET ADDRESS	4131 N W 6TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOORE, STEPHEN R	
STREET ADDRESS	2546 NW 74TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hedgcoth, David Scott	
STREET ADDRESS	4823 NW 37th Way	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harper, John T	
STREET ADDRESS	2546 N.W. 74th Place	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Horner, Lisa J.	
STREET ADDRESS	2817 NW 57th Place	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore, Stephen R.	
STREET ADDRESS	2817 NW 57th Place	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-03

352373 4671

CR2E034 (10/02)