

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 9 P97000059247

1. Entity Name

Doris Towing And Used Parts & Auto Salvage INC

Principal Place of Business

Mailing Address

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90002 031 \*\*\*550.00

11607 Ossie Murphy Rd. San Antonio Fl. 33576

00068670

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite/Apt. #, etc.

Suite/Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
San Antonio, FL

City & State  
San Antonio, FL

4. FEI Number  
543463128

Applied For  
☐ Not Applicable

Zip  
33576

Country  
AMERICA

Zip  
33576

Country  
AMERICA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIAN E KENDLE  
11638 OSSIE MURPHY RD.  
SAN ANTONIO, FL 33576

Name  
JOSE CONTRERAS  
Street Address (P.O. Box Number is Not Acceptable)  
29309 BROWN RD.  
City  
San Antonio, FL Zip Code  
33576

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 Brian E. Kendle President

DATE June 27<sup>th</sup> 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                            |
|----------------|--------------------------------------------|
| TITLE          | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>Anita Kendle</del>                    |
| STREET ADDRESS |                                            |
| CITY-ST-ZIP    |                                            |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           | Anita Kendle                               |
| STREET ADDRESS | V.P. SECRETARY                             |
| CITY-ST-ZIP    | 11638 OSSIE MURPHY RD.                     |
|                | San Antonio, FL                            |
| TITLE          | <input checked="" type="checkbox"/> Delete |
| NAME           | TREASURER                                  |
| STREET ADDRESS | Joe Hotelling                              |
| CITY-ST-ZIP    | 11638 OSSIE MURPHY RD.                     |
|                | San Antonio, FL 33576                      |
| TITLE          | <input checked="" type="checkbox"/> Delete |
| NAME           | President                                  |
| STREET ADDRESS | Brian E. Kendle                            |
| CITY-ST-ZIP    | 11638 OSSIE MURPHY RD.                     |
|                | San Antonio, FL 33576                      |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           |                                            |
| STREET ADDRESS |                                            |
| CITY-ST-ZIP    |                                            |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           |                                            |
| STREET ADDRESS |                                            |
| CITY-ST-ZIP    |                                            |

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | VICE President                                                               |
| STREET ADDRESS | JOSE CONTRERAS                                                               |
| CITY-ST-ZIP    | 29309 BROWN RD.                                                              |
|                | San Antonio, FL 33576                                                        |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TREASURER                                                                    |
| STREET ADDRESS | JOSE CONTRERAS M. SON                                                        |
| CITY-ST-ZIP    | 29309 BROWN RD.                                                              |
|                | San Antonio, FL 33576                                                        |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SECRETARY                                                                    |
| STREET ADDRESS | MARIA CONTRERAS                                                              |
| CITY-ST-ZIP    | 29309 BROWN RD.                                                              |
|                | San Antonio, FL 33576                                                        |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | President                                                                    |
| STREET ADDRESS | JOSE CONTRERAS                                                               |
| CITY-ST-ZIP    | 29309 BROWN RD.                                                              |
|                | San Antonio, FL 33576                                                        |
| 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    |                                                                              |

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: Brian E. Kendle

6-27-00

352-588-3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)