

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060848

1. Entity Name

SCOTT'S TOWING AND RECOVERY, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90072 030 ***150.00

Principal Place of Business

1865 SW 4TH AVE
BAY D-8
DELRAY BEACH FL 33444

Mailing Address

1865 SW 4TH AVE
BAY D-8
DELRAY BEACH FL 33444

2. Principal Place of Business

1865 SW 4th Ave

3. Mailing Address

1865 SW 4th Ave

Suite, Apt. #, etc.

BAY D-8

Suite, Apt. #, etc.

BAY D-8

City & State

Delray FL

City & State

Delray FL

Zip

33444

Country

PBC

Zip

33444

Country

PBC

6. Name and Address of Current Registered Agent

SCOTT, EARL A
1865 SW 4TH AVE
BAY D-8
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

65-0767349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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, 2001 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 D ☐ Delete
NAME SCOTT, EARL A
STREET ADDRESS 1865 SW 4TH AVE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D ☒ Delete
NAME SCOTT, KELLI L
STREET ADDRESS 1865 SW 4TH AVE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

Earl A Scott Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-13-2001

Daytime Phone #

561 243-1690

CR2E034 (10/00)