

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90722 046 \*\*\*150.00

**DOCUMENT # P97000060848**

**1. Entity Name**  
**SCOTT'S TOWING AND RECOVERY, INC.**

**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**  
**359 Industrial Ave**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**359 Industrial Avenue**  
Suite, Apt. #, etc.

**City & State**  
**Boynton Beach FL**  
Zip  
**33426**

**City & State**  
**Boynton Beach FL**  
Zip  
**33426**

**4. FEI Number** **65-0767349**  
Applied For  
Not Applicable

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

## 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)**  
**359 Industrial Avenue**  
**City** **Boynton Beach** **FL** **Zip Code** **33426**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	SCOTT, EARL A	1865 SW 4TH AVE	DELRAY BEACH FL 33444	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		359 Industrial Avenue	Boynton Beach FL 33426	<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:**

*Earl A Scott*  
**Earl A Scott**

Date

Daytime Phone #

*561-737-5591*

CR2E034 (9/01)