

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066567

1. Entity Name

PRICE-RITE TOWING & RECOVERY INC.

FILED

Apr 18, 2000 8:00 am  
Secretary of State

04-18-2000 90238 001 \*\*\*150.00

Principal Place of Business

Mailing Address

3529 SW 12TH PLACE  
FT LAUDERDALE FL 33312

3529 SW 12TH PLACE  
FT LAUDERDALE FL 33312-3431  
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

65-0741999

Applied For

Not Applicable

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

MILLER, PATRICK A  
3529 SW 12TH PLACE  
FT LAUDERDALE FL 33312

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

☐ Change

☐ Addition

ADDRESS  
ST-ZIP  
P  
MILLER, PATRICK A  
3529 SW 12TH PLACE  
FT LAUDERDALE FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Delete

☐ Change

☒ Addition

ADDRESS  
ST-ZIP  
ST  
BECKFORD, DEBORAH K  
1230 NW 51TH AVE  
LAUDERHILL FL 33313

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SECRETARY  
LINDA ROWE  
3529 S.W. 12 PLACE  
FT LAUD, FL 33312

☐ Delete

☐ Change

☐ Addition

ADDRESS  
ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Addition

ADDRESS  
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ADDRESS  
ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00

954-321-6822

CR2E034 (9/99)