

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90063 049 ***150.00

DOCUMENT # P97000084881

1. Entity Name

C.A.R. TOWING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3075 LEON ROAD #3

3. Mailing Address

3075 LEON ROAD #3

State, Apt. #, etc.

State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FFI Number
59-3468027

Applied Fee
Not Applicable

Zip
32246

County
DUVAL

Zip
32246

County
DUVAL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
PATRICIA L. CONRAD

Street Address (P.O. Box Number is Not Acceptable)
3075 LEON ROAD #3

City
JACKSONVILLE FL 32246

**DO NOT WRITE
IN THIS SPACE**

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 the registrant

(NOTE: Registered agent signature is printed when available)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/DIRECTOR
PATRICIA L. CONRAD
14725 MARSHVIEW DRIVE
JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 867, Florida Statutes; and that my name appears in Block 11 or on an attachment with my address, with all other like empowered.

SIGNATURE *Patricia L. Conrad*

PATRICIA L. CONRAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED AGENT

CR2E034B (12/01)