

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90386 037 \*\*\*150.00

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

DOCUMENT # P97000108735

1. Entity Name  
**B.K. TOWING & ROADSIDE ASSISTANCE, INC.**



Principal Place of Business  
~~30554 5TH AVE~~  
BIG PINE KEY, FL 33043 US

Mailing Address  
~~30544 5TH AVE~~  
BIG PINE KEY, FL 33043 US

11039164



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3111 Ave B

Suite, Apt. #, etc.

Big Pine Key

City & State

FL

Zip

33043

Country

monroe

3. Mailing Address

23 Flipper Rd

Suite, Apt. #, etc.

Key

City & State

Key WEST

Zip

FL

Country

monroe

4. FEI Number  
65-0802040

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ARNOLD, RICHARD W SR.  
23 FLIPPER ROAD  
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Doris R Arnold*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/03

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ARNOLD, RICHARD W SR.  
23 FLIPPER ROAD  
KEY WEST, FL 33040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ARNOLD, DORIS  
23 FLIPPER ROAD  
KEY WEST, FL 33040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Doris R Arnold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

DATE

Daytime Phone #

CR2E034 (10/02)