

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010771

1. Entity Name

ATO TOWING, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90934 033 ***150.00

0292254

Principal Place of Business Mailing Address
11331 67TH PL N 11331 67TH PL N
ROYAL PALM BEACH FL 33412 ROYAL PALM BEACH FL 33412

546537

2. Principal Place of Business 3. Mailing Address
W.P.B. 7853 Southern Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.
BAY 32 BAY 32

City & State City & State
W.P.B. FL W.P.B. FL

Zip Country Zip Country
33416 33416

4. FEI Number 65-0882748 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALLISON, ROGER
11131 67TH PLACE NORTH
ROYAL PALM BEACH FL 33411

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.

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	<input type="checkbox"/> Delete
NAME	ALLISON, ROGER	
STREET ADDRESS	11131 67TH PLACE NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALLISON, JOYCE	
STREET ADDRESS	11131 67TH PLACE NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 561-798-8214

Date

Daytime Phone #

CR2E034 (10/00)