

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018824

1. Entity Name

WEST BROWARD TOWING, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90047 006 ***150.00

Principal Place of Business

Mailing Address

~~4821 SW 163RD AVE.~~
~~DAVIE FL 33331~~

~~4821 SW 163RD AVE.~~
~~DAVIE FL 33331~~

2. Principal Place of Business

6813 SW 35 Ct.

3. Mailing Address

6813 SW 35 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

4. FEI Number

65-0790617

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33023

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUMPING JAXTAX.COM, INC.
8551 WEST SUNRISE BLVD # 402
PLANTATION FL 33322-4007

7. Name and Address of New Registered Agent

Name JUMPING JAXTAX.COM, INC.

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

1940 HARRISON ST.

STE 200-B

City

HOLLYWOOD

FL

Zip Code

33020-5072

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

John J. Malenba

John J. Malenba
CEO of Jumping Jaxtax.com, Inc.

2-16-2001

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
SPAULDING, ALLYSON J
4821 SW 163RD AVE.
FORT LAUDERDALE FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-2001

Date

800-203-2347

Daytime Phone #

CR2E034 (10/00)