

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040197

1. Entity Name

TOM'S TOWING & TRANSPORT, INC.

Principal Place of Business

20804 S.W. 95TH AVENUE
ARCHER FL 32618

Mailing Address

20804 S.W. 95TH AVENUE
ARCHER FL 32618

2. Principal Place of Business

805 N Univ Ave

3. Mailing Address

PO Box 916

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Archer FL

Zip

32618

Country

USA

Zip

32618

Country

USA

6. Name and Address of Current Registered Agent

MASSAGEE, THOMAS K
402 W. MAIN STREET
ARCHER FL 32618

7. Name and Address of New Registered Agent

Name

Thomas K Massagee

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

805 N Univ Ave

City

Archer

FL

Zip Code

32618

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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** ☐ Delete
NAME **MASSAGEE, THOMAS K**
STREET ADDRESS **20804 SW 95TH AVENUE**
CITY-ST-ZIP **ARCHER FL 32618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90009 007 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3521119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034 (5/00)