

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042949

1. Entity Name

BUTCH'S TOWING & RECOVERY, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90037 016 ***150.00

Principal Place of Business

200 PERSIMMON AVENUE
SANFORD FL 32771

Mailing Address

200 PERSIMMON AVENUE
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

P.O. Box 0372

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sanford FL

4. FEI Number

59-3510313

Applied For

Not Applicable

Zip

Country

Zip

32772

Country

Seminole

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, ROLAND D
200 PERSIMMON AVENUE
SANFORD FL 32771

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, ROLAND D	
STREET ADDRESS	200 PERSIMMON AVENUE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, JENNIFER L	
STREET ADDRESS	200 PERSIMMON AVENUE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
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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

Date

Daytime Phone #

4-19-2000

407-322-7397

CR2E034 (9/99)