

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073514

1. Entity Name

ARON'S TOWING, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90108 021 ***150.00

Principal Place of Business

Mailing Address

2900 SE WAALER ST.
STUART FL 34997

2900 SE WAALER ST.
STUART FL 34997-5938

2. Principal Place of Business

3. Mailing Address

4001 SE COMMERCE AVE 4001 SE COMMERCE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STUART, FL

STUART, FL 34997

Zip

Country

Zip

Country

34997

USA

34997

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SABATASO, CYNTHIA M
8075 SE PALM ST. PO BOX 493
HOBE SOUND FL 33445 33475

Name

New Street Address only

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

9165 SE Athena Street

City

Hobe Sound

FL

Zip Code

33455

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 Cynthia M. Sabatasso

CYNTHIA M. SABATASSO

2/15/2000

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMES, MILTON A	NAME	
STREET ADDRESS	6322 SE SHERWOOD ST.	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMES, LISA	NAME	
STREET ADDRESS	6322 SE SHERWOOD ST.	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)