

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90063 019 ***150.00

DOCUMENT # P98000097827

1. Entity Name
DC TOWING, INC.



Principal Place of Business
**5201 75TH STREET NORTH
ST. PETERSBURG FL 33709**

Mailing Address
**5201 75TH STREET NORTH
ST. PETERSBURG FL 33709**

2. Principal Place of Business
19250 Fishburne Dr
Suite, Apt. #, etc.

3. Mailing Address
19250 Fishburne Dr
Suite, Apt. #, etc.

City & State
Springhill FL

City & State
Springhill FL

4. FEI Number **57-1075955**

Applied For
Not Applicable

Zip Country
34610 PASCO

Zip Country
34610 PASCO

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CANNON, CATHERINE
5201 75TH STREET NORTH
ST. PETERSBURG FL 33709**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CANNON, CATHERINE**
STREET ADDRESS **5201 75TH ST N**
CITY-ST-ZIP **ST PETE FL 33709**

TITLE ☐ Delete
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **N/A**
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Catherine Cannon**
STREET ADDRESS **19250 Fishburne Dr.**
CITY-ST-ZIP **Springhill FL 34610**

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

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

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

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

12. 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 10 or Block 11 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 #

1/6/03 27-709-1718

CR2E034 (10/02)