## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107767  1. Entity Name STATEWIDE TOWING & TRANSPORT, INC.						May 17, 2000 8:00 am Secretary of State						
Principal Place		Mailing Address			7		03-	07-2000	90082	032 ***1.	30.00	
3015 16TH STREE ST. PETERSBURG		3015 16TH STREET NORTH ST. PETERSBURG FL 33704-1922										
									<u> </u>		2001 3 <b>7 1</b> 1	
2. Principal Plac	ce of Business	3. Mailing Address										
Suite, Apt. #,	, elc.	Suite, Apt. #, etc.					DO NO	OT WRITE I	N THIS SF		<u></u>	
City & State		City & State			4. FEI Number S9-3547680 Applied For Not Applicable							
Zip	Country	Zip	Count	try	5. 0	Certificate of	Status De	esired		8.75 Addit ee Required		
	6. Name and Address of Current	Registered Agent			7. N	lame and Ad	dress o	New Reg	istered A	gent		
10600 UNIT :		Name A A Street Address 40			s (P.O. B	ox Number is	Bes Not Acc	~	d Rd	·		
S1. P	ETERSBURG FL 33716			City PAI	m	Hach	<u>-</u>		FL	Zin Code	83	
9. This corpor	Signature, typed or printed native or registrated agent retion is eligible to satisfy its Intangible aguirement and elects to do so.	e FILE NOV	V!!! FEE 2000 Fee	d Agent signature requ IS \$150.00 will be \$550.00 epartment of S		10. Electi		paign Finar ntribution.		\$5.00	O May Be to Fees	
11.	OFFICERS AND		12.	P	~e95	DITIONS/CI	HANGES	TO OFFIC	ERS AND	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D BOSCHELLI, DANIEL A JR. 10600 FOURTH STREET NORTH ST. PETERSBURG FL 33716	☐ Delete <b>H, UNIT. 205</b>		E AE EET ADDRESS (-ST-ZIP	2405 2405	el A. 3 Cyl . Harl	Gos. eress	Penn PL	70, Rd. 340	Change	Addition Addition	
TITLE NAME STREET ADDRESS	01.747680558107630710	☐ De:ete	TITE NAM STR	£			<b>/</b> -			Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ De'ete	TIT	ŧ			•		, <del></del>	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete		Y-ST-ZIP LE	<u>-</u> _				- <del></del> -	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			. I	PEET ADDRESS TY+ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		: Delete	ST	LE Me Reet address IY-ST-ZIP						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ъи 72	REE REET AODRESS TY-ST-ZIP						☐ Change	Addition	
13. I hereby indicated of the co	certify that the information supplied we don this report or supplemental report progration or the receiver or trustee end, or on an attachment with an address	npowered to execute this rel	oort as required.	D A	r <b>6</b> 07, Fil	n 119,07(3)(i) e legal effect orida Statutes	i, and lie	a my name	appears	III BIOCK I I C	A BIOCK 12 II	