

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009379

1. Entity Name

RPS TOWING, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90055 008 ***150.00

Principal Place of Business

Mailing Address

4332 BLONIGEN AVE.
ORLANDO FL 32812

4332 BLONIGEN AVE.
ORLANDO FL 32806-7132

2. Principal Place of Business

153 7th St
Suite, Apt. #, etc.

3. Mailing Address

1704 OVERLAKE AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORI FLA

City & State

ORI FLA

4. FEI Number

59-3556051

Applied For

Not Applicable

Zip
32824

Country

USA

Zip

32806

Country

USA

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

STARCHER, PAM D
4332 BLONIGEN AVE.
ORLANDO FL 32812

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

Pamela Starcher

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	PD	<input type="checkbox"/> Delete
NAME	STARCHER, RANDY C	
STREET ADDRESS	4332 BLONIGEN AVE.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	STARCHER, PAM D	
STREET ADDRESS	4332 BLONIGEN AVE.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 I am empowered.

SIGNATURE:

Pamela Starcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)