

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90298 031 ***150.00

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DOCUMENT # P99000009379

1. Entity Name
RPS TOWING, INC.



Principal Place of Business
**153 7TH ST
ORLANDO FL 32824
US**

Mailing Address
**1175 SOUTH NARCOOSSEE ROAD
SAINT CLOUD FL 34771
US**



2. Principal Place of Business
1175 S NARCOOSSEE ROAD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ST. CLOUD FL
Zip
34771

Country
USA

City & State

Zip

Country

4. FEI Number
59-3556051

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STARCHER, PAM D
1704 OVERLAKE AVENUE
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name
STARCHER, Pam D
Street Address (P.O. Box Number is Not Acceptable)
1175 S NARCOOSSEE RD
City
ST. CLOUD FL Zip Code
34771

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 *Pamella D Starcher*
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 **PD** ☐ Delete
NAME **STARCHER, RANDY C**
STREET ADDRESS **1704 OVERLAKE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **VSTD** ☐ Delete
NAME **STARCHER, PAM D**
STREET ADDRESS **1704 OVERLAKE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **STARCHER, RANDY C**
STREET ADDRESS **1175 S NARCOOSSEE RD**
CITY-ST-ZIP **ST CLOUD FL 34771**

TITLE **VSTD** ☒ Change ☐ Addition
NAME **STARCHER, PAM D**
STREET ADDRESS **1175 S NARCOOSSEE RD**
CITY-ST-ZIP **ST CLOUD FL 34771**

TITLE ☐ Change ☐ Addition
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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: *Pamella D Starcher* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)