2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # P99000021876

1. Entity Name

SP TOWING COMPANY

Principal Place of Business



## FILED Sep 07, 2000 8:00 am Secretary of State

07-11-2000 90171 039 \*\*\*550.00 02-29-2000 90167 044 \*\*\*150.00

Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Suite, Apt. #, etc.  City & State  City & State  Country  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  Applied  Not Applied  Not Applied  Not Applied  Street Address of Status Desired  Read Required  Name  FILINGS, INC.  3732 N.W. 16TH STREET  FT. LAUDERDALE FL 33311-4132  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Signature, speed or privated name of registered spent and title 4 applicable.  Signature, speed or privated name of registered spent and title 4 applicable.  NOTE: Registered Agent information (applied when remainting)  DATE  Signature, speed or privated name of registered spent and title 4 applicable.  After SEPTEMBER-13, 2000 Min. will be \$750.00  Make Chack Payable to Department of State  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
City & State  City & State  City & State  City & State  Country  C	<b>  </b>
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent  Name  FILINGS, INC. 3732 N.W. 16TH STREET  FT. LAUDERDALE FL 33311-4132  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  Signature, typed or pricted name of registered agent and title 1 applicable. (NOTE: Registered Agent signature required when remittating)  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)  After SEPTEMBER-13, 2000 Min. will be \$750.00 Trust Fund Contribution.  Added to Fee. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Hegistered Agent 7. Name and Address of New Registered Agent  Name  FILINGS, INC. 3732 N.W. 16TH STREET  FT. LAUDERDALE FL 33311-4132  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  Signature, typed or priced name of registered agent and title 4 applicable. (NOTE: Registered Agent algent algent and when rematating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  After SEPTEMBER: 33, 2000 Min. will be \$750.00 Make Check Payable to Department of State  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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SIGNATURE  Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  10. Election Campaign Financing  St. OFFICENS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	$\neg$
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  FILE NOW!!! FEE IS \$550.00  After SEPTEMBER 13, 2000 Min. will be \$750.00  Make Check Payable to Department of State  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Tax filing requirement and elects to do so. (See criteria on back)  After SEPTEMBER*13, 2000 Min. will be \$750.00  Make Check Payable to Department of State  Added to Ferman State  Trust Fund Contribution.  Added to Ferman State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PHILISTIN, SAVERA STREET ADDRESS 1130 N.E. 6TH AVENUE STREET ADDRESS	Rition KH CLANO.
CITY-ST-ZIP FORT LAUDERDALE FL 33304  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CHANGS : A  CITY-ST-ZIP	dition
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of the corporation or the receiver or instee 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.

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