2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P9900030094

PRESTIGE TOWING, INC.

Principal Place of Business

Mailing Address

3110 CARISUDO CT. ORLANDO FL 32812

1. Entity Name

PO BOX 574264 ORLANDO FL 32857

2. Principal Place of Business	PD BOXL 574264
Suite, Apt. #, etc.	Suite, Apt. #/, etc.
City & State	City & State



2110	3. Principal Place of Business 3. IIO CAPISODO CH. Suite, Apt. #, etc. 3. Mailing Address 4. D. Bout 574264 Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	State FI OCH FI		4.	4. FEI Number 59-3566104		Applied For	-		
Zip スンス/	2 Country SA	Zip 32653	Country	5.	Certificate of Status Desired	\$8.75 Fee.Req	Additional	- -	
	6. Name and Address of Current F	legistered Agent		7. 1	Name and Address of New Re	gistered Agent		1	
			Name					7	
THOMAS.	HOMAS, DIANE			V-14					
3110 CARISUDO CT.			Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32812									
ONDANDO) FL 32012				·			4	
	·		City			FL Zip C	Code		
9 The above	named entity submits this statement for	the purpose of changing its	ragiotarad office or re-	aistored ee	ant or both in the State of Flori			+	
b. The above	married entity submits this statement for	the purpose of changing its i	edistered office of rei	gistered ag	ent, or both, in the State of Flori	aa.		Ì	
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SIGNATURE	Signature, typed or printed name of registered agent ar	d title if anningble (NOTE-	Registered Agent signature re	naufrod whan r	ninetation)	DATE		ł	
	—————————————————————————————————————	In the mappingable. (NOTE:	negistered Agent signature n	equired when re	ainstaing)	DATE		1	
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$150.00		10 Floation Compaign Figure	noina 5 . i= 61	E.00	_ .	
Tax filing r	requirement and elects to do so.	After May 1, 200	2 Fee will be \$550	.00	10. Election Campaign Finar Trust Fund Contribution.	Touring——— Se	D:UU May Be ided to Fees		
(See criter	ia on back)	Make Check Payabi	e to Department of	f State	Trast Lana Continuation.	Au	ided to rees	ļ	
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 11	1	
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•				
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т э. т пегеру с	ertify that the information supplied with t	his tiling does not quality for t	ne exemption stated i	in Section 1	۱ ۱۹.07(3)(i), Florida Statutes. I fu	urther certify that th	e information	1	

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 withtan address, with all other like empowered.

SIGNATURE: