

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90011 023 \*\*\*150.00

**DOCUMENT # P99000054661**

1. Entity Name

**GAINER'S, INC.**

Principal Place of Business

**8007 HWY. 90  
SNEADS FL 32460**

Mailing Address

**8007 HWY. 90  
SNEADS FL 32460****A0071500**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3582476**

Applied For

Not Applicable

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 New Registered Agent

**GAINER, JAMES A  
7110 PROVIDENCE CHURCH RD.  
GRAND RIDGE FL 32442**

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME **P**  
STREET ADDRESS **GAINER, JAMES A**  
CITY-ST-ZIP **7110 PROVIDENCE CHURCH RD.  
GRAND RIDGE FL 32442**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **GAINER, KIMBERLY J**  
CITY-ST-ZIP **7110 PROVIDENCE CHURCH RD.  
GRAND RIDGE FL 32442**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ 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 like empowered.

**SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/18/00**  
Date**593-5701**  
Daytime Phone #

Attachment Doc #  
P99000054661  
AB071500

**GAINER'S TOWING & RECOVERY**

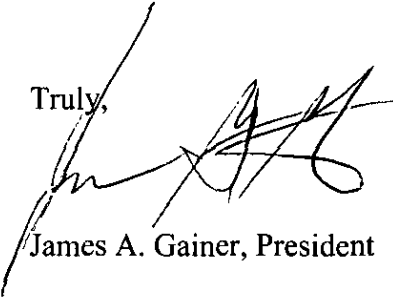
July 28, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing to request the \$400 late fee for filing the Uniform Business Report be abated. This business is the first one in which I have incorporated, and I was unaware this annual report had to be filed. I received a Uniform Business Report in the mail in late June 2000, but the report was badly torn with ink all over it. When I received the report I called the Department of State, Division of Corporations, and requested assistance. I was advised to request a new report and to include a letter explaining the circumstances, along with a check for \$150. Enclosed is the check, along with the new completed report. In addition, I have enclosed the original report, which I received in late June. Thank you for your consideration.

Truly,

  
James A. Gainer, President