

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065602

1. Entity Name

SARASOTA TOWING, INC.

FILED**Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90316 002 ***150.00

Principal Place of Business

525 KUMQUAT CT.
SARASOTA FL 34236

Mailing Address

525 KUMQUAT CT.
SARASOTA FL 34236

646049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5417 Colewood Place

Suite, Apt. #, etc.

3. Mailing Address

4411 Bee Ridge Rd

Suite, Apt. #, etc.

#173

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number 65-0938996

Applied For

Not Applicable

Zip

Country

34232

Zip

Country

34233

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

6. Name and Address of Current Registered Agent

JONES, DENNIS E
5417 COLEWOOD PLACE
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-statuting)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME JONES, DENNIS E ☐ Delete
STREET ADDRESS 5417 COLEWOOD PLACE
CITY-ST-ZIP SARASOTA FL 34232TITLE D
NAME JONES, MARILYN A ☐ Delete
STREET ADDRESS 5417 COLEWOOD PLACE
CITY-ST-ZIP SARASOTA FL 34232TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(c), 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:

Dennis E Jones DENNIS E JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01 941-955-5911

Date

Daytime Phone #

CR2E034 (10/00)