

DOCUMENT # P99000072133

1. Entity Name

A & B TOWING OF OKEECHOBEE, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90072 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 129 N.W. 13TH STREET OKEECHOBEE FL 34972
Mailing Address: 711 NORTH PARROTT AVE OKEECHOBEE FL 34972

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0939146
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ARMSTRONG, ANGELA
7074 S.W. 9TH STREET
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent
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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 11 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for ARMSTRONG, ANGELA.

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes Change and Addition checkboxes.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Angela Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-01 863-357-3334
Date Daytime Phone #

CR2E034 (10/00)