

02-17-2003 90192 019 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000072133
 1. Entity Name
A & B TOWING & REPAIR OF OKEECHOBEE, INC.



90028932

Principal Place of Business Mailing Address
 712 N. PARROTT AVENUE 712 N. PARROTT AVENUE
 OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34972

2. Principal Place of Business 3. Mailing Address
 711 N. Parrott Ave 711 N. Parrott Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State City & State
 Okeechobee FL Okeechobee FL

4. FEI Number Applied For
 65-0939146 Not Applicable

Zip Country Zip Country
 34972 Okeechobee 34972 Okeechobee

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 34972

7. Name and Address of New Registered Agent
 Name: Beverly C. O'Neill
 Street Address (P.O. Box Number is Not Acceptable):
 711 N. Parrott Ave
 City: Okeechobee FL Zip Code: 34972

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: Beverly C. O'Neill Beverly C. O'Neill 2/17/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEES \$150.00
 After May 1, 2003 Fee will be \$550.00.
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, ANGELA	
STREET ADDRESS	7074 S.W. 9TH STREET	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly C. O'Neill	
STREET ADDRESS	711 N. Parrott Avenue	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

GR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: Beverly C. O'Neill Beverly C. O'Neill 2/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

863-634-5753