



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.			
Principal Place of Business 712 N. PARROTT AVENUE OKEECHOBEE, FL 34972		Mailing Address 712 N. PARROTT AVENUE OKEECHOBEE, FL 34972	
2. Principal Place of Business 711 N. Parrott Ave Suite, Apt. #, etc.	3. Mailing Address 711 N. Parrott Ave Suite, Apt. #, etc.	90028932  <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State Okeechobee FL	City & State Okeechobee FL		4. FEI Number 65-0939146
Zip 34972	Country Okeechobee		5. Certificate of Status Desired <input type="checkbox"/> \$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 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 DATE Beverly C. O'Neill 2/17/03 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input checked="" type="checkbox"/> Addition NAME DIP Beverly C. O'Neill STREET ADDRESS 711 N. Parrott Avenue CITY-ST-ZIP Okeechobee, FL 34972	GR2E034 (10/02)	
TITLE <input type="checkbox"/> Delete 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"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 empowereds. SIGNATURE: Beverly C. O'Neill Beverly C. O'Neill 2/17/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

863-634-5753