

Amended

APPROVED
AND
FILED**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03 JUN 23 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000072133

1. Entity Name
A & B TOWING & REPAIR OF OKEECHOBEE, INC.Principal Place of Business
711 N. PARROTT AVE.
OKEECHOBEE, FL 34972Mailing Address
711 N. PARROTT AVE.
OKEECHOBEE, FL 34972

*A

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2003 AMENDED

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

7. Name and Address of New Registered Agent

O'NEILL, BEVERLY C
711 N. PARROTT AVE.
OKEECHOBEE, FL 34972

Name Henry M. 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

Henry M. O'Neill

6/17/03

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when amending.)

DATE

FILE NOW!!! FEE IS \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP sec/Treas, Dir	<input type="checkbox"/> Delete
NAME	O'NEILL, BEVERLY C	
STREET ADDRESS	711 N. PARROTT AVE.	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	

TITLE	D,P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry M. O'Neill	
STREET ADDRESS	711 N. Parrott Ave.	
CITY-ST-ZIP	Okeechobee, FL 34972	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Henry M. O'Neill

6/17/03

863-357-3334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2034 (10/02)