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É 2000 UNIFORM BUSINESS RÈPORT (UBR)

May 02, 2000 8:00 am Secretary of State DOCUMENT # P99000075884 1. Entity Name U S A TOWING, INC. 02-07-2000 90078 034 ***150.00 Principal Place of Business Mailing Address 4426 28TH ST. W. 4426 28TH ST. W. BRADENTON FL 34205 BRADENTON FL 34207-1107 W V V O O J / 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0947625 Not Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETTY, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3207 33RD ST. CT. W. **BRADENTON FL 34205** 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May After MAY 1, 2000 Fee will be \$550.00 Tax fitting requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, □ Delete PRIESIDIENT TITLE DITLE ☐ Change ROBIERT PIETTY NAME NAME 3107 33 Rd STRIFIT COURT W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADIENTON, FL 34205 TITLE Celete TITLE ☐ Change □..... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE "Defete TITLE - Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7tP ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change NAME NAME STREET ADDRESS 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)(i). Florida Statutes. I further certify that it is 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 discount the corporation or the receiver or trustee empowered to expecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with address, with all other like empowered. SIGNATURE: