## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000076385

## BIG TOE TOWING INC.

SUMMERS, RORY

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

11.

29505 ALLEGRO DRIVE WESLEY CHAPEL FL 33543

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SUMMERS, RORY

PERKINS, STANLEY

29505 ALLEGRO DRIVE

29505 ALLEGRO DRIVE

WESLEY CHAPEL FL 33543

WESLEY CHAPEL FL 33543

(See criteria on back)

PTD

VPSD

Principal Place of Business		Mailing Address	
ALLEGRO DRIVE		29505 ALLEGRO DRIVE WESLEY CHAPEL FL 33543-6725	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

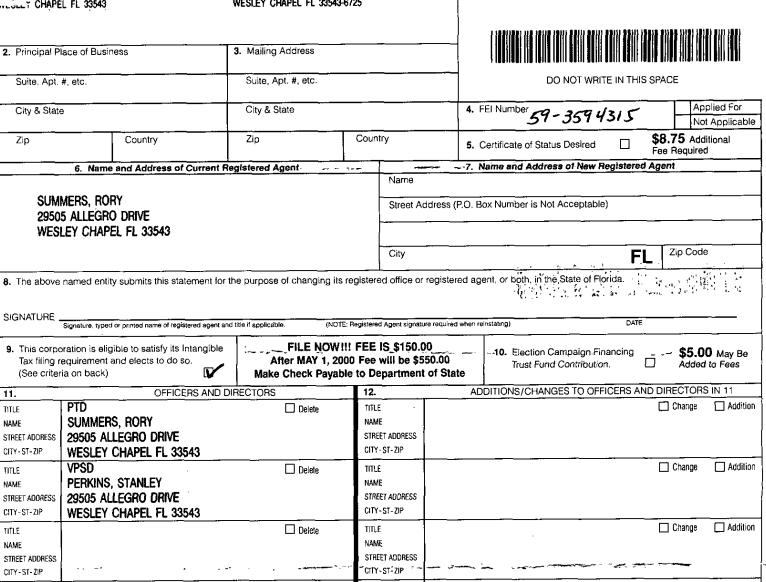
6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

## FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90162 014 \*\*\*150.00



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 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 trusted ampowered 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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

TITLE

TITLE

NAME

TITLE

NAME

CITY-ST-ZiP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Change

Change

☐ Change

Addition

Addition

☐ Addition