

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093933

1. Entity Name  
KISSIMMEE TOWING, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90008 050 \*\*\*150.00

Principal Place of Business  
2519 SMITHFIELD DRIVE  
ORLANDO FL 32837

Mailing Address  
2519 SMITHFIELD DRIVE  
ORLANDO FL 32837-7461

2. Principal Place of Business  
3406 W VINE ST  
Suite, Apt. #, etc.

3. Mailing Address  
3406 W VINE ST  
Suite, Apt. #, etc.

City & State  
KISSIMMEE FL

City & State  
KISSIMMEE FL

Zip  
34741

Country  
OSCEOLA

Zip  
34741

Country  
OSCEOLA

4. FEI Number  
59-3604489

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ESCOBALES, ERIC R  
2519 SMITHFIELD DRIVE  
ORLANDO FL 32837

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

| 11. OFFICERS AND DIRECTORS |                       |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|-----------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | D                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ESCOBALES, ERIC R     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 2519 SMITHFIELD DRIVE |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | ORLANDO FL 32837      |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | D                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ESCOBALES, JOSE J     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 14113 SNEAD CIRCLE    |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | ORLANDO FL 32837      |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00  
Date

407-343-9919  
Daytime Phone #

CR2E034 (9/99)