

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91150 019 ***150.00

DOCUMENT # **799000093933** ✓
1. Entity Name
KISSIMMEE TOWING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3406 W VINE ST
Suite, Apt. #, etc.
KISSIMMEE FL
City & State
FL
Zip
34741 Country
OSCEOLA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

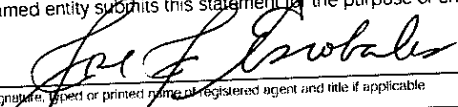
4. FEI Number
59-3604489
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
JOSE J ESCOBALES
Street Address (P.O. Box Number is Not Acceptable)
14113 SNEAD CIRCLE
City
ORLANDO FL Zip Code
32837

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  (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)

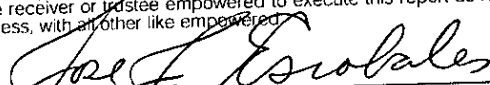
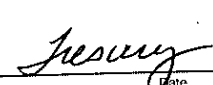
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE	PRESIDENT	TITLE	
NAME	ERIC R ESCOBALES	NAME	
STREET ADDRESS	2519 SMITH FIELD DR	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32837	CITY - ST - ZIP	
TITLE	TRESURE	TITLE	
NAME	JOSE J ESCOBALES	NAME	
STREET ADDRESS	14113 SNEAD CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32837	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:   **407-343-9919**
Date Daytime Phone #