

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S48199

1. Entity Name

A ACTION TOWING SERVICES, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90004 043 ***150.00

Principal Place of Business

911 NW 209 AVE
SUITE 104
PEMBROKE PINES FL 33029
US

Mailing Address

911 NW 209 AVE
SUITE 104
PEMBROKE PINES FL 33029-2112
US

2. Principal Place of Business

911 NW 209 AVE

Suite, Apt. #, etc.

SUITE # 104

City & State

PEMBROKE PINES, FL

Zip

33029

Country

BROWARD

3. Mailing Address

911 NW 209 AVE

Suite, Apt. #, etc.

SUITE # 104

City & State

PEMBROKE PINES, FL

Zip

33029

Country

BROWARD

4. FEI Number

65-0253740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUNN, J. SCOTT ESQ.
2455 EAST SUNRISE BLVD.
SUITE 905
PEMBROKE PINES FL 33304

7. Name and Address of New Registered Agent

Name

JOSEPH A CONDEMI

Street Address (P.O. Box Number is Not Acceptable)

911 NW 209 AVE SUITE 104

City

PEMBROKE PINES

FL

Zip Code

33029

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

JOSEPH A. CONDEMI

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

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

TITLE ☒ Delete
NAME CHACON, MICHAEL A
STREET ADDRESS 911 N.W. 209 AVE., #104
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Delete
NAME CONDEMI, JOSEPH A
STREET ADDRESS 911 N.W. 209 AVE., #104
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Delete
NAME CONDEMI, DOMENICK
STREET ADDRESS 911 N.W. 209 AVE., #104
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME V.P.
STREET ADDRESS CHACON, MICHAEL
CITY-ST-ZIP 911 NW 209 AVE. #104
PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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 or without power.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH A. CONDEMI 1/12/00 9544580043