

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90394 001 \*\*\*750.00

**DOCUMENT # S62461**

1. Entity Name

CHRISTIE JUNE TOWING COMPANY, INC.



Principal Place of Business

937 BULKHEAD ROAD  
GREEN COVE SPRINGS FL 32043  
US

Mailing Address

937 BULKHEAD ROAD  
GREEN COVE SPRINGS FL 32043  
US

2. Principal Place of Business

1011 BULKHEAD RD.

3. Mailing Address

1011 BULKHEAD RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL

City & State

GREEN COVE SPRINGS, FL

Zip

32043

Country

US

Zip

32043

Country

US

4. FEI Number

59-3074474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SMITH, A. JOSEPH  
937 BULKHEAD RD  
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name **SMITH, A. JOSEPH**  
Street Address (P.O. Box Number is Not Acceptable)  
**1011 BULKHEAD RD.**  
City **GREEN COVE SPRINGS** FL Zip Code **32043**

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	SMITH, A. JOSEPH	
STREET ADDRESS	937 BULKHEAD ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, A. JOSEPH	
STREET ADDRESS	937 BULKHEAD ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, A. JOSEPH	
STREET ADDRESS	1011 BULKHEAD RD.	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, A. JOSEPH	
STREET ADDRESS	1011 BULKHEAD RD.	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Date

Daytime Phone #

**SIGNATURE REQUIRED** A. JOSEPH SMITH 3/19/03 904-284-1222

CR2E034 (10/02)