

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91367 016 \*\*\*150.00

**DOCUMENT #V35954**

1. Entity Name  
**HEARTLAND TOWING, INC.**



Principal Place of Business  
110 SUZANNE AVE  
ORANGE PARK, FL 32073

Mailing Address  
P.O. BOX 2032  
ORANGE PK, FL 32067 US

2. Principal Place of Business  
**9611 GROVE HILL LANE**  
Suite, Apt. #, etc.  
**JACKSONVILLE**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FL**  
Zip  
**32222**

City & State  
Zip  
**32222**  
Country  
**DUVAL**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3120636**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TOSH, KENNETH W.**  
5751 OVELIA RD  
JACKSONVILLE, FL 32244

**7. Name and Address of New Registered Agent**

Name  
**ALLEN, RICHARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**9611 GROVE HILL LANE**  
City  
**JACKSONVILLE** FL Zip Code  
**32222**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/03**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VP	TOSH, KENNETH W.	5751 OVELIA RD	JACKSONVILLE, FL 32244	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PT	ALLEN, RICHARD	9611 GROVE HILL LANE	JACKSONVILLE, FL 32222	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03 904-272-4161**  
Date Daytime Phone #

CR2E034 (10/02)