


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91438 004 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|---|--|---|---|
| DOCUMENT # 347444 | |  | |
| 1. Entity Name DRISCOLL'S TOWING SERVICE, INC. | | | |
| Principal Place of Business 1701 N DIXIE HIGHWAY POMPANO BEACH, FL 33060 | | Mailing Address 1701 N DIXIE HIGHWAY POMPANO BEACH, FL 33060 | |
| 2. Principal Place of Business Same | | 3. Mailing Address P.O. Box 698 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Pompano Beach FL | |
| Zip | | Zip 33060 | |
| Country | | Country | |
| 4. FEI Number 59-1262839 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired - <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DRISCOLL, ROBERT J J 1701 N. DIXIE HWY POMPANO BEACH, FL 33060 | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CTDS DRISCOLL, MARION 1701 N DIXIE HWY POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DRISCOLL, JOSEPH 1701 N DIXIE HWY POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP VP DRISCOLL, ROBERT J. JR. 1701 N DIXIE HWY POMPANO BCH, FL 33060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Robert J. Driscoll Jr. 1701 N. Dixie Hwy. Pompano Beach FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X)(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: <i>Robert J. Driscoll, V. President</i> | | Date: 4/21/03 Daytime Phone #: 9549464747 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

CR2E034 (10/02)