2003 FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** K57932 DOCUMENT # 1. Entity Name 05-05-2003 91400 022 ***150.00 WEST WAY TOWING, INC. Principal Place of Business Mailing Address 3681 W. OAKLAND PARK BLVD 3681 W. OAKLAND PARK BLVD LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 65-0160421 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAIG (20/12/51N **GOLDSTEIN, RICHARD** Street Address (P.O. Box Number is Not Agreptable) 3681 WOAKLAWU FARK 3681 W. OAKLAND PARK BLVD LAUDERDALE LAKES FL 33311 CHANDIER DALE LAKES 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 CRAIG GOLDS (ZIN Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE-IS-\$150.00 -9: Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE Delete GOLDSTEIN, RICHARD NAME NAME STREET ADDRESS 51401-A FLORIDA WAY STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE CRAIG GOLDSTEIN 3691 W BAKLAND PARK BLUD NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

CITY-ST-ZIE

STREET ADDRESS

TITLE NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

"E REQUIRE" SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Delete

CR2E034 (10/02)

Addition

Change