

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **347444**

1. Entity Name
DRISCOLL'S TOWING SERVICE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90046 013 ***158.75

Principal Place of Business 1701 N DIXIE HIGHWAY POMPANO BEACH FL 33060	Mailing Address 1701 N DIXIE HIGHWAY POMPANO BEACH FLA 33060-5248
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1262839		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CTDS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRISCOLL, MARION		NAME	
STREET ADDRESS 1701 N DIXIE HWY		STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL 33060		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRISCOLL, JOSEPH		NAME	
STREET ADDRESS 1701 N DIXIE HWY		STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL 33060		CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRISCOLL, ROBERT J. JR.		NAME	
STREET ADDRESS 1701 N DIXIE HWY		STREET ADDRESS	
CITY-ST-ZIP POMPANO BCH FL 33060		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like employment.

SIGNATURE: *John V. Pres...* Date: **3/30/00** Daytime Phone #: **9549464247**

CR2E034 (9/99)