

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90890 001 \*\*\*150.00

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

DOCUMENT #

1. Entity Name

347444  
Driscoll's Towing Service Inc.  
1701 N. Dixie Hwy, Pompano

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1701 N. Dixie Hwy  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL

City & State

4. FEI Number

591262839

Applied For

Not Applicable

Zip

33060

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Driscoll Jr.

Street Address (P.O. Box Number is Not Acceptable)

1701 N. Dixie Hwy

City

Pompano Beach

FL

Zip Code

33060

**DO NOT WRITE  
IN THIS SPACE**

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

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

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Joseph Driscoll
STREET ADDRESS	1701 N. Dixie Hwy
CITY-ST-ZIP	Pompano Beach FL 33060
TITLE	Secy Treas
NAME	Marion Driscoll
STREET ADDRESS	1701 N. Dixie Hwy
CITY-ST-ZIP	Pompano Beach FL 33060
TITLE	V. President
NAME	Robert Driscoll Jr.
STREET ADDRESS	1701 N. Dixie Hwy
CITY-ST-ZIP	Pompano Beach FL 33060
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE  
IN THIS SPACE**

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 supplement thereto 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

9549464747

Date

Daytime Phone #

CR2E034B (12/01)