2000 UNIFORM BUSINESS REPORT (UBR)

TURE AND TYPED OR PRINTED NAME OF SIGN

ING OFFICER OR DIRECTOR

FILED Mar 21, 2000 8:00 am **DOCUMENT # F29375** Secretary of State DEL'S TOWING, INC. 03-21-2000 90032 024 ***150.00 Principal Place of Business Mailing Address % GEORGE E GARDNER % GEORGE E GARDNER 2090 NW 21ST STREET 2090 NW 21ST STREET POMPANO BEACH FL 33069-1302 POMPANO BEACH FL 33069-1302 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2266490 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARDNER, GEORGE E Street Address (P.O. Box Number is Not Acceptable) 2090 NW 21ST STREET POMPANO BEACH FL 33069 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2En:34 (13/11) Change ☐ Addition ☐ Delete TITI F GARDNER, GEORGE E NAME STREET ADDRESS STREET ADDRESS 5528 MICHLAR DR. CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL Addition Change TITLE ☐ Defete 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 TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP De ete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 agrequired 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 ke empowered.

Date

Daytime Phone #