2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

F29375

1. Entity Name

DEL'S TOWING, INC.



FILED Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90130 021 ***150.00

				Mailing Address						
2090 NW 21ST STREET				% GEORGE E GARDNER						
POMPANO BEACH FL 33069-1302				2090 NW 21ST STREET			ĺ			
1 OW AND BENOTITE 000054302			POMPAI	POMPANO BEACH FL 33069-1302						
2. Principal Place of Business			3. Mailin	3. Mailing Address			\dashv			
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State			City &	City & State				3972280490	Applied For	
Zip		Country	Zip			try		5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
GARDNER, GEORGE E						Name: The Name of				
						Street Address (D.O. Davidson, and an analysis of the street of the stre				
2090 NW			Street Address (P.O. Box Number is Not Acceptable)							
POMPANO BEACH FL 33069										
					ı	City	_	FL Zip Code		
8. The above the obliga	e named entity tions of regist	v submits this statemen ered ägent.	for the purpose	of changing its r	egistere	d office or regis	stered	agent, or both, in the State of Florida. I am familiar with	and accept	
OLONITURE		. J								
SIGNATURE		or printed name of registered ag	ent and title if applicat	ole. (NOTE:	Registeren	Agent signature requ	irad who	en reinstating) DATE		
E	II E NOWII	L EEE 18 6150.00	· · · · · · · · · · · · · · · · · · ·					DAIE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campaign Financing \$5.0	00 May Be	
Make Check Payable to Florida Department of State								, , , , , , , , , , , , , , , , , , ,	d to Fees	
10.	·	11.			ADDITIONS (OLYMPOTO TO OFFICE PO					
TITLE	OFFICERS AND DIRECTORS Delete				TITLE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
NAME	GARDNER, GEORGE E				NAME	i		☐ Change	☐ Addition	
STREET ADDRESS 5528 MICHLAR DR.						T ADDRESS				
CITY-ST-ZIP LAKE WORTH FL					CITY-ST-ZIP					
TITLE			☐ Delete	Delete TITLE			Change	Addition		
NAME					NAME			∟ Change	☐ Addition	
STREET ADDRESS					STREE	T ADDRESS			1	

TITLE _ Delete _ TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP