

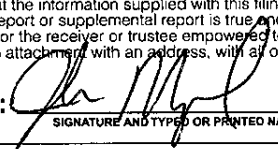
FILED  
Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90328 039 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

C0049862

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> F97000003791			
1. Entity Name ALL AMERICAN TOWING SERVICES, INC.			
Principal Place of Business 7704 Basswood Drive Chattanooga, TN 37416		Mailing Address 7704 Basswood Drive Chattanooga, TN 37416	
2. Principal Place of Business 8503 Hilltop Drive Suite, Apt. #, etc.		3. Mailing Address 8503 Hilltop Drive Suite, Apt. #, etc.	
City & State Ooltewah, TN		City & State Ooltewah, TN	
Zip 37363	Country Hamilton	Zip 37363	Country Hamilton
4. FEI Number 62-1699260		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, FL 32301		7. Name and Address of New Registered Agent 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, 2001 Fee will be \$450.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey I. Badgley 8503 Hilltop Drive Ooltewah, TN 37363 <input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gary Pasborgh 4971 SW 34th Place Davie, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T John Maynard 8503 Hilltop Drive Ooltewah, TN 37363 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS William Beckley 8503 Hilltop Drive Ooltewah, TN 37363 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/AS J. Vincent Mish 8503 Hilltop Drive Ooltewah, TN 37363 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.			
SIGNATURE: 		John Maynard Date 4-16-01 Daytime Phone #	

CR2E034 (11/00)