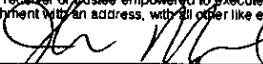


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91219 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000005553					
1. Entity Name MURPHY'S TOWING, INC.					
Principal Place of Business 8503 HILLTOP DRIVE OOLTEWAH, TN 37363 US		Mailing Address 8503 HILLTOP DRIVE OOLTEWAH, TN 37363 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 62-1703653	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 626 E. PARK AVE. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)					
DATE _____					
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME D BADGLEY, JEFFREY I			NAME P Geoff Russell		
STREET ADDRESS 8503 HILLTOP DRIVE			STREET ADDRESS 8503 Hilltop Drive		
CITY-ST-ZIP OOLTEWAH, TN 37363			CITY-ST-ZIP Ooltewah, TN 37363		
TITLE ☒ Delete			TITLE ☐ Change ☒ Addition		
NAME P DURIG, TED			NAME Geoff Russell		
STREET ADDRESS 6907 SOUTHERN DRIVE			STREET ADDRESS 8503 Hilltop Drive		
CITY-ST-ZIP W. PALM BEACH, FL 33413			CITY-ST-ZIP Ooltewah, TN 37363		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME AS BECKLEY, WILLIAM			NAME		
STREET ADDRESS 8503 HILLTOP DRIVE			STREET ADDRESS		
CITY-ST-ZIP OOLTEWAH, TN 37363			CITY-ST-ZIP		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME VST MAYNORD, JOHN			NAME		
STREET ADDRESS 8503 HILLTOP DRIVE			STREET ADDRESS		
CITY-ST-ZIP OOLTEWAH, TN 37363			CITY-ST-ZIP		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  John Maynard 4/9/03 (423) 238-6920					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

11005537



☐ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)