2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiphanged, or on an attachmen

SIGNATURE:

FILED Jan 16, 2001 8:00 am **DOCUMENT # K80908 Secretary of State** 1. Entity Name ATLAS TOWING SERVICE, INC. 01-16-2001 90041 029 ***150.00 Principal Place of Business Mailing Address 29927 SR 54 WEST 29927 SR 54 WEST WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 DUUUUAIA US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2939695 City & State Not Applicable \$8.75 Additional Country Zip Zip Country_ 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANDINE, DANIEL Street Address (P.O. Box Number is Not Acceptable) 5242 FOX HUNT DR **WESLEY CHAPEL FL 33543** Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or relaistered agent, or both, in the State of Florida. SIGNATURE printed name of registered agent and title if applicable. n is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 9. This co poratio Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (iteria on back) (See c ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition ☐ Change Delete TITI F TITLE VANDINE, JOAN NAME NAME STREET ADDRESS 5242 FOX HUNT DRIVE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ 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-ZIP 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 ental 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 trustee efficiency to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or supplemental transfer or s

, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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SIGNATUR