

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90043 048 ***150.00

DOCUMENT # M92376

1. Entity Name
FLORIDA TOWING COMPANY

Principal Place of Business Mailing Address
% C T CORPORATION SYSTEM **% C T CORPORATION SYSTEM**
1200 S. PINE ISLAND ROAD **1200 S. PINE ISLAND ROAD**
PLANTATION FL 33324 **PLANTATION FL 33324-4413**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

B0023553



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0084612** Applied For
 Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be: \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete DVPT JEFFREY J. MCAULAY 2 GREENWICH PLAZA GREENWICH CT	<input type="checkbox"/> Change <input type="checkbox"/> Addit	<input type="checkbox"/> Change <input type="checkbox"/> Addit President Paul R. Tregurtha 2 Greenwich Plaza Greenwich, CT 06830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
<input checked="" type="checkbox"/> Delete DP MACLEOD, MALCOLM W. 2 GREENWICH PLAZA GREENWICH CT	<input type="checkbox"/> Change <input type="checkbox"/> Addit	<input type="checkbox"/> Change <input type="checkbox"/> Addit 2 Greenwich Plaza Greenwich, CT 06830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
<input type="checkbox"/> Delete SGC MARCHISOTTO, ALAN 2 GREENWICH PLAZA GREENWICH CT	<input type="checkbox"/> Change <input type="checkbox"/> Addit	<input type="checkbox"/> Change <input type="checkbox"/> Addit	<input type="checkbox"/> Change <input type="checkbox"/> Addit
<input type="checkbox"/> Delete D MORAN, EDMOND J JR 1615 THAMES STR, BLDG B BALTIMORE MD	<input type="checkbox"/> Change <input type="checkbox"/> Addit	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit 2 Greenwich Plaza Greenwich, CT 06830	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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 1.

SIGNATURE: **2/14/00** **203 625-7846**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ALAN MARCHISOTTO** Date Daytime Phone #