2000 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2000 8:00 am Secretary of State **DOCUMENT # M96286** 1. Entity Name STEPP'S TOWING SERVICE LAKELAND, INC. 05-16-2000 90184 024 ***150.00 Mailing Address Principal Place of Business 9602 E. U.S. HWY. 92 9602 E. U.S. HWY. 92 TAMPA FL 33610-5928 TAMPA FL 33610 2. Principal Place of Business 3. Mailing Address 4WY 92 9602 DO NOT WRITE IN THIS SPACE ite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2912056 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required Name and Address of New Registered Agent d Address of Current Registered Agent rankin, david p. Street Address (P.O. Box Number is Not Acceptable) 4600 W CYPRESS, STE 500 **TAMPA FL 33607** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP TITLE Change ☐ Addition TITLE ☐ Delete STEPP, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 9602 E. U.S. HWY. 92 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change Addition ☐ Delete TITLE STEPP, JUDITH NAME STREET ADDRESS 9602 E. U.S. HWY. 92 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition TITLE TITLE Delete STEPP, RANDY J. NAME NAME STREET ADDRESS STREET ADDRESS 9602 E. U.S. HWY. 92 CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE ROBERTS, SUE NAME NAME STREET ADDRESS STREET ADDRESS 9602 E. U.S. HWY. 92 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete Change Addition TITLE STEPP, TODD E. NAME STREET ADDRESS 9602 E U.S. HWY 92 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Tampa Fl ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 emplayed of the production of the corporation of the receiver of the production o changed, or on an attachm, 🕽 with an address, with all other like

SIGNATURE: