

AMENDED

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

09-03-2002 90163 032 \*\*\*\*61.25  
FILE-N01000007043

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

124709

DOCUMENT # N0100007043  
1. Entity Name  
TOWING FOR TOTS, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1208 GEORGIA ST.</u> Suite, Apt. #, etc. <u># 1</u>	3. Mailing Address <u>5266 INWOOD DR.</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>DELRAY BEACH, FL</u>	City & State <u>DELRAY BEACH, FL</u>	4. FEI Number <u>65-1145337</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33444</u>	Country	Zip <u>33484</u>	Country

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MEDEIROS, RICHARD A.  
Street Address (P.O. Box Number is Not Acceptable)  
5266 INWOOD DR.  
City DELRAY BEACH FL Zip Code 33484

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 [Signature] RICHARD A. MEDEIROS 8/30/2002  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when resigning) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOPKINS, DANA 10183 BOCA BEND EAST #4 BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WILLIAMS, JULIE 10183 BOCA BEND EAST #4 BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TRAXLER, ROBERT GREG 5236 INWOOD DR. DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MEDEIROS, RICHARD A. 5266 INWOOD DR. DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 8/30/2002 561-716-3510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #