

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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4. FEI Number <u>65-1145337</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

City & State <u>DELRAY BEACH, FL</u>	City & State <u>DELRAY BEACH, FL</u>
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	<u>DP</u> <u>HOPKINS, DANA</u> <u>10183 BOCA BEND EAST #4</u> <u>BOCA RATON, FL 33428</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DV</u> <u>WILLIAMS, JULIE</u> <u>10183 BOCA BEND EAST #4</u> <u>BOCA RATON, FL 33428</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DS</u> <u>TRAXLER, ROBERT GREG</u> <u>5236 INWOOD DR.</u> <u>DELRAY BEACH, FL 33484</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DT</u> <u>MEDEIROS, RICHARD A.</u> <u>5266 INWOOD DR.</u> <u>DELRAY BEACH, FL 33484</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>[Signature]</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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)(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 #

CR2E037B (12/01)