

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended


FILED

03 JUL 10 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000068479

1. Entity Name
MAGNUM TOWING, WILLIAM K. SMITH RECOVERY, INC.



Principal Place of Business
**1400 GRACE AVE
PANAMA CITY, FL 32401**

Mailing Address
**1400 GRACE AVE
PANAMA CITY, FL 32401**

2. Principal Place of Business
2,

3. Mailing Address

Suite, Apt. #, etc.
City & State

City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3666160** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SMITH, DEDREE G
1400 GRACE AVE
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent
Name **Smith, William K.**
Street Address (P.O. Box Number is Not Acceptable)
1400 Grace Avenue
City **Panama City** FL Zip Code **32401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dedree G. Smith / William K. Smith* *Dedree G. Smith / William K. Smith* *7-7-03*

Signature, typed or printed name of signatory agent and date if applicable. (NOTE: Registered Agent signature required when changing agent.)

FILED WITH FEE IS \$63.00
After May 1, 2003 Fee will be \$60.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, WILLIAM K 1400 GRACE AVE PANAMA CITY, FL 32401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200021416852 07/09/03--01070--001 **\$1.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SMITH, DEDREE G 1400 GRACE AVE PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William K. Smith* *7-7-03* *850* *784-4413*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #

Amended

CR2E034 (10/02)