

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000089886

1. Entity Name
Deloach Towing Co. INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address

1408 Lake Bradford Rd. Same
Suite, Apt. #, etc. Suite, Apt. #, etc.

N/A. City & State City & State

Tallahassee FL. Tallahassee FL.
Zip Zip

32304 Leon Country Country

6. Name and Address of Current Registered Agent

4. Fee Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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  DATE 12/28/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
President
Chester Murray
1408 Lake Bradford Rd. Tallahassee FL. 32304

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
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Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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 empowered.

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

APPROVED
AND
FILED

01 DEC 28 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100004749131--4
-01/03/02--01049--018

****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

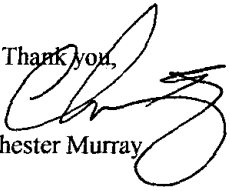
CR2E034 (11/00)

12-27-01

To whom it may concern;

Deloach Towing did not receive the renewal package from the Department of State to file it's annual report. At this time we are requesting you waive the penalty fee and allow us to pay the annual fee of one hundred and fifty dollars.

Thank you,


Chester Murray