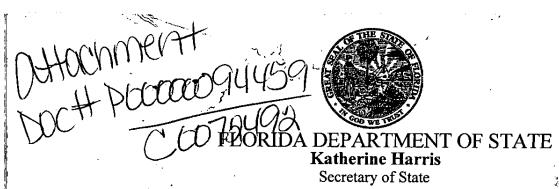
## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jul 05, 2001 8:00 am OCUMENT # 2000000 94-459 **Secretary of State** TOP STAR TOWING, INC 07-05-2001 90011 009 \*\*\*158.75 ncipal Place of Business Mailing Address 2821 HURO'N WAY MIRAMAR FL. 330 6 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc: Suite, Apt. #; etc DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1046533 City & State City & State Applied For Not Applicable Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 3MITHS STIVEL 2821 HURON WAY Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL. 33005 Zip Code 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 **GNATURE** Signature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 + 8-7 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, 2001 Fee will be \$550.00 == Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change ☐ Addition SMMH STIVEN NAME 2821 HURON WAY MARAMAR. FL. 33 IFFT ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIZ Oelele TITLE Addition NALES REET ADDRESS STREET ADDRESS Y-S1:ZIP-CITY-ST-ZIP -☐ Delate TIPLE Addition NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP 1E ☐ Delete TITLE ☐ Change Addition ME NUME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE ☐ Delate ☐ Change ☐ Addition ΑE NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP ιE Delete TITLE ☐ Change ☐ Addison WE NANJE REET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 12 if changed, or on an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR



June 4, 2001

TOP STAR TOWING, INC. 2821 HURON WAY MIRAMAR. FL/33025-

Subject: TOP STAR TOWING, INC.

Reference

P00000094459

Number:

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SA ANNUAL REPORTS SECTION