2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING OFFICER O

Feb 26, 2002 8:00 am Secretary of State P00000111064 DOCUMENT # 1. Entity Name 02-26-2002 90152 024 ***150.00 ARROW TOWING & RECOVERY, INC. Principal Place of Business Mailing Address -- 1440 COURT ST. --1446 COURT ST. CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address 1250 ROSERS Suite, Apt. #, etc. 1250 ROBERS STRee? 5 TRee T DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3682936 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVIN, LEONARD D Street Address (P.O. Box Number is Not Acceptable) -1446 COURT ST. 1250 ROGERS S TREET **CLEARWATER FL 33756** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition ☐ Delete NAME LEVIN, LEONARD D NAME 1250 ROGERS STREET STREET ADDRESS 1446 COURT ST. STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33756** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME Larocci. Gene NAME STREET ADDRESS STREET ADDRESS 6801_LAKE WORTH RD. CITY-ST-ZIP lake worth fl 33467 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Levin, Carol J. 1250 Rogers Street Clearwater, FL 33756 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition Elmore, David R. 1250 Rogers Street NAME STREET ADDRESS STREET ADDRESS clearwater, FL 33756 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address with a second control of the corporation of the receiver or trustee empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D. LEUIN 2/11/02 727-469-882/

FILED