2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2001 8:00 am Secretary of State DOCUMENT # P00000112937 1. Entity Name AMERICAN TOWING OF BAY COUNTY, INC. 03-21-2001 90055 014 ***150.00 Mailing Address Principal Place of Business 1922 CAULEY AVENUE 1922 CAULEY AVENUE PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country П Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GALBRAITH: WILLIS D Street Address (P.O. Box Number is Not Acceptable) 1922 CAULEY AVENUE PANAMA CITY BEACH FL 32407 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE PTD ☐ Delete TITLE NAME NAME GALBRAITH, WILLIS STREET ADDRESS STREET ADDRESS 1922 CAULEY AVENUE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 Change ☐ Addition ☐ Delete TITLE TITLE **VPD** NAME MITCHELL, CHARLES JOHN JR. NAME STREET ADDRESS STREET ADDRESS 572 LAGOON OAKS DRIVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 Change ☐ Addition ☐ Delete TITLE TITLE 1922 CONLEY DUE ... NAME GALBRAITH, ONNIE KEITH NAME STREET ADDRESS STREET ADDRESS PANAMA CITY BOADA, FL 32407 5927 SUNSET AVENUE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information abcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplement of the corporation or the receiver or ital report is true and ustee empowered changed, or on an attachme