2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 13, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000057841 1. Entity Name 05-13-2002 90129 046 ***150 00 A-1 TRUCK REPAIR & TOWING SERVICE, INC. Principal Place of Business Mailing Address 4491 CRYSTAL LAKE DRIVE 4491 CRYSTAL LAKE DRIVE 959406 102A POMPANO BEACH FL 33064-1257 POMPANO BEACH FL 33064-1257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEATTIE, KIM A Box Number is Not Acceptable) 4491 CRYSTAL LAKE DRIVE 102A POMPANO BEACH FL 33064-1257 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. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filling requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PRESIDENT Delete PRESIDENT TITLE Change ☐ Addition KIM BEATTLE NAME JUSTUS NAME RICKY 4491 CRYSTAL CAKE BLUD. 4491 CRYSTAL CK BLUD. # 1024 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOMPANO BEACH, FL. 33064 CITY-ST-ZIP POMPANO BCH., FL. 33064 SECRETARY TITLE TITLE SECRETARY Change NAME KIM BEATTIC RICKY TUSTUS 4491 CRYSTAL CAKE BLUD #1424 NAME STREET ADDRESS 4491 CRYUTAL CAKE STREET ADDRESS CITY-ST-ZIP POMPANO BEAN, FL. 33064 BEACH CITY-ST-ZIP HT F Delete TtTt# Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR