FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90172 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000119060

1. Entity Name
EL CHEAPO TOWING, INC.

DO NOT WRITE IN THIS SPACE

11009674

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4851 NW 103RD AVE	S
Suite, Apt. #, etc. 44F	Suite, Apt. #, etc.
City & State SUNRISE, FL	City & State
Zip 33351 Country USA	Zip Country

4. FEI Number 74-3077628 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name JAMES ~~PALMER~~ FARMER
Street Address (P.O. Box Number is Not Acceptable) 4361 W. MCNAB RD. #25
City POMPANO **FL** Zip Code 33069

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE J.F. [signature] DATE 4/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	MICHAEL SIMS	NAME	
STREET ADDRESS	4851 NW 103RD AVE #44F	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	GWEN SIMS	NAME	
STREET ADDRESS	4851 NW 103RD AVE #44F	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: MS [signature] MICHAEL S. SIMS 4.10.03 423.317.8338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #