

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90003 045 \*\*\*150.00

**DOCUMENT # P92000005180**

1. Entity Name  
**SHADE TREE TOWING, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>HIGHWAY 98 &amp; 1ST<br/>         EASTPOINT FL 32328</b> | Mailing Address<br><b>P.O. BOX 971<br/>         EASTPOINT FL 32328</b> |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip Country                    | Zip Country         |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 4. FEI Number<br><b>59-3161453</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**MILLER, JAMES H  
 HIGHWAY 98 FIRST STREET  
 EASTPOINT FL 32328**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |  |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.<br>(See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS |  |                | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                   |  |
|----------------------------|--|----------------|---|-----------------------------------|--|
| TITLE                      | <b>P</b> <input type="checkbox"/> Delete             | TITLE          | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |  |
| NAME                       | <b>MILLER, JAMES H JR.</b>                           | NAME           |   |                                   |  |
| STREET ADDRESS             | <b>HIGHWAY 98 CORNER 1ST</b>                         | STREET ADDRESS |   |                                   |  |
| CITY-ST-ZIP                | <b>EASTPOINT FL 32328</b>                            | CITY-ST-ZIP    |   |                                   |  |
| TITLE                      | <b>VP</b> <input checked="" type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |  |
| NAME                       | <b>MILLER, JAMES H SR.</b>                           | NAME           |   |                                   |  |
| STREET ADDRESS             | <b>HIGHWAY 98 CORNER NOWELL ST.</b>                  | STREET ADDRESS |   |                                   |  |
| CITY-ST-ZIP                | <b>EASTPOINT FL 32328</b>                            | CITY-ST-ZIP    |   |                                   |  |
| TITLE                      | <b>S</b> <input checked="" type="checkbox"/> Delete  | TITLE          | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |  |
| NAME                       | <b>MILLER, JEANETTE</b>                              | NAME           |   |                                   |  |
| STREET ADDRESS             | <b>HIGHWAY 98 CORNER NOWELL ST.</b>                  | STREET ADDRESS |   |                                   |  |
| CITY-ST-ZIP                | <b>EASTPOINT FL 32328</b>                            | CITY-ST-ZIP    |   |                                   |  |
| TITLE                      | <input type="checkbox"/> Delete                      | TITLE          | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |  |
| NAME                       |  | NAME           |   |                                   |  |
| STREET ADDRESS             |  | STREET ADDRESS |   |                                   |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP    |   |                                   |  |
| TITLE                      | <input type="checkbox"/> Delete                      | TITLE          | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |  |
| NAME                       |  | NAME           |   |                                   |  |
| STREET ADDRESS             |  | STREET ADDRESS |   |                                   |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP    |   |                                   |  |
| TITLE                      | <input type="checkbox"/> Delete                      | TITLE          | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |  |
| NAME                       |  | NAME           |   |                                   |  |
| STREET ADDRESS             |  | STREET ADDRESS |   |                                   |  |
| CITY-ST-ZIP                |  | 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.

SIGNATURE: James H Miller Jr Date: 2/26/01 Daytime Phone #: 806708219

CR2E034 (10/00)