2000 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2000 8:00 am Secretary of State DOCUMENT # P95000052061 1. Entity Name TURNPIKE PLAZA TOWING, INC. 04-04-2000 90071 001 ***300.00 Mailing Address Principal Place of Business 3350 DAVIE BLVD 3350 DAVIE BLVD FT LAUDERDALE FL 33312-2701 FT LAUDERDALE FL 33312 US 2, Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3329951 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRAZIER, ROBERT W JR., ESQ Street Address (P.O. Box Number is Not Acceptable) 2400 E. COMMERCIAL BLVD. SUITE 826 FORT LAUDERDALE FL 33308 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE CHAMBLISS, JOE E NAME NAME 201 NORTH WEST 127TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 ☐ Addition Change ☐ Defete TITLE TITLE RUSHMORE, THOMAS C NAME 13250 NORTH WEST C.R. 225A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP REDDICK FL 32686 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE WHEELER, RICHARD L NAME STREET ADDRESS STREET ADDRESS 3325 DAVID BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

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 address, with all other like empowered changed, or on an attachment with,

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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