

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Feb 29, 2000 8:00 am  
Secretary of State  
02-29-2000 90140 047 \*\*\*150.00

DOCUMENT # P96000066558  
Entity Name  
CLEARWATER TOWING SERVICE, INC.  
Principal Place of Business  
1597-B N HERCULES AVE  
CLEARWATER FL 33765  
Mailing Address  
1597-B N HERCULES AVE  
CLEARWATER FL 33765-1928  
Suite, Apt. #, etc.  
City & State  
Country  
Zip  
Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
CORDNER-JAMES, TERRANCE  
6 NORFOLK ST  
DUNEDIN FL 34698  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

I, the above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Corporation is eligible to satisfy its Intangible Filing requirement and elects to do so. (Criteria on back)  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
P	CORDNER-JAMES, TERENCE J	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ZIP	#6 NORFOLK ST		NAME		
	DUNEDIN FL 34698		STREET ADDRESS		
			CITY-ST-ZIP		
ST	CORDNER-JAMES, SEAN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ZIP	1961 CHENANGO AVE		NAME		
	CLEARWATER FL 33755		STREET ADDRESS		
			CITY-ST-ZIP		
VP	HERLIHY, JAMES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	2040 GENTRY ROAD		NAME		
	CLEARWATER FL 33765		STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

I 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 filed 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 applicable, or on an attachment with an address, with all other fees empowered.  
SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #

CR2E034 (9/99)