2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P96000066558 1. Entity Name CLEARWATER TOWING SERVICE, INC. 03-05-2001 90071 034 ***150.00 Principal Place of Business Mailing Address 1597-B N HERCULES AVE 1597-B N HERCULES AVE CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Herrules Aue Hercules N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3413148 Not Applicable water Country Country \$8.75 Additional 5. Certificate of Status Desired 3376S USA **GRODOWN USA** Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ordner - James Zeo.u CORDNER-JAMES, TERRANCE Street Address (P.O. Box Number is Not Acceptable) 6 NORFOLK ST **DUNEDIN FL 34698** purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ent for the title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Pv25 CR2E034 (10/00) Change Addition TITLE ☐ Delete TITLE Cordner-Jones, Sean CORDNER-JAMES, SEAN NAME NAME 1609 Benty St. 1961 CHENANGO AVE STREET ADDRESS STREET ADDRESS Clearwater, Fl, 33755 CLEARWATER FL 33755 CITY-ST-ZIP CITY-ST-ZIP VΡ Addition Change TITLE ☐ Delete TITLE Herlihy, James HERLIHY, JAMES NAME NAME 1825 Shirley Ct. 2040 GENTRY ROAD STREET ADDRESS STREET ADDRESS CLEARWATER FL 33765 CITY-ST-ZIP CITY-ST-ZIP Duredin, Fl 34698 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-74F CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP noes not cyclify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if supplied with the nental report is to 13. I hereby certify that the information accurate indicated on this report or supple true of the corporation or the receive e en changed, or on an attachment

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR