2000 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # **P97000005531** 1. Entity Name EXOTIC TOWING, INC. 05-15-2000 90184 047 ***150 00 Principal Place of Business Mailing Address 4950 SOUTH MILITARY TRAIL 4950 SOUTH MILITARY TRAIL исируьза LAKE WORTH FL 33463-5376 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0722025 Not Applicable -Country-__Zip____ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCDONOUGH, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 12798 FOREST HILL BLVD., SUITE 201A **WELLINGTON FL 33414** Zip Code City FL 8. The above named entity submits this statement far the purpose of changing its registered office or registered agent, or both, in the State of Florida (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 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 11. 12. Change Addition Delete TITLE SCALICI, CHRISTOPHER NAME NAME STREET ADDRESS 86 ABACO DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PALM SPRINGS FL 33461 Change PRESIDENT ☐ Addition ☐ Delete TITLE TITLE BEHBOUDI ESFANDIME BEHBOUDI, ESFANDIAR NAME NAME 1902 GARDNER LN STREET ADDRESS 4902 GARDNER LN STREET ADDRESS 33463 CITY-ST-ZIP AKE WOLTH PL CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Change ☐ Addition ☐ Delete TITLE Seorge Konicia Trail RONCIR, GEORGE NAME STREET ADDRESS 766 WHIPORWILL TRAIL STREET ADDRESS CITY-ST-ZIP WPB FL 33411 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE Delete NAME

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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date Daytime Phone #

☐ Change

Addition