## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000015041 May 08, 2000 8:00 am Secretary of State DOWNTOWN TOWING & RECOVERY, INC. 05-08-2000 90032 044 \*\*\*150.00 Mailing Address Principal Place of Business 1227 ROEBUCK COURT 1227 ROEBUCK COURT WEST PALM BEACH FL 33401-6925 WEST PALM BEACH FL 33401 Principal Place of Business DO NOT WRITE IN THIS SPACE Suite Apt # etc Suite, Apt. #, etc Applied For 4. FEI Number 65-0736177 Not Applicable \$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 MYERS, RONALD J JR. Street Address (P.O. Box Number is Not Acceptable) 1227 ROEBUCK COURT WEST PALM BEACH FL 33401 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 nes (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition TITLE ☐ Delete MYERS, RONALD J JR. NAME NAME STREET ADDRESS STREET ADDRESS 126 QUEENS LANE CITY-ST-ZIP CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** Addition ☐ Delete TITLE TITLE MYERS, SAMANTHA NAME NAME 126 QUEENS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Change ☐ Addition TITLE 👿 Delete MERTEN, EDWARD J NAME NAME 1524 N. M STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 in changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Daytime Phone #