FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPE A SPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 2001 8:00 am DOCUMENT # P97000032995 Secretary of State 1. Entity Name R. C. TOWING, INC. 02-15-2001 90095 040 ***150.00 Mailing Address Principal Place of Business 526 MASON AVE 526 MASON AVE DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 A0023612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3441557 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bartlett, Laurence H. BARTLETT, LAURENCE H Street Address (P.O. Box Number is Not Acceptable) 1800 W. International Speedway Blvd., Suite 201 125 N. RIDGEWOOD AVE. DAYTONA BEACH FL Davtona Beach 8. The above named entity submits this stater its registered office or registered agent, or both, in the State of Florida. SIGNATURE. Signature, ty 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 OFFICERS AND DIRECTORS 11. 12. Director, President, Secy Change TITLE Delete TITLE VASILE, TERESA Vasile, Carl NAME STREET ADDRESS 526 MASON AVE STREET ADDRESS 526 Mason Ave. DAYTONA BEACH FL 32117 CITY-ST-ZIP CITY-ST-ZIF Daytona Beach, FT, 32117 TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied entail 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 received strustee 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 a state of the corporation of the cor