2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # P97000054898 - ---TC & M TOWING, INC. 01-19-2000 90278 043 ***150.00 Principal Place of Business Mailing Address 10540 SE 95TH TERRACE 10540 SE 95TH TERRACE BELLEVIEW FL 34420-3502 BELLEVIEW FL 34420 604558 3. Mailing Address 2. Principal Place of Business N. Magnola Aux DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3463287 Not Applicable Countrus A Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GEE, CARI L Street Address (P.O. Box Number is Not Acceptable) 10540 SE 95TH TERRACE BELLEVIEW FL 34420 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. SIGNATURE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change **PVST** TITLE Delete TITLE CARI, GEE NAME NAME STREET ADDRESS STREET ADDRESS 10540 SE 95TH TERRACE CITY-ST-ZIP CITY-ST-ZIP **BELLEVIEW FL 34420** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 bustee 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 applications, with all other like empowered.

SIGNATURE: