2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P98000033087** ALEXIS TOWING SERVICES INC. 04-26-2001 90088 017 ***150.00 Principal Place of Business Mailing Address 3906 51 ST ST 3906 51 ST ST **TAMPA FL 33617 TAMPA FL 33617** 00037734 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3506977 Not Applicable Country 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 Name PEREZ, ALEXIA Street Address (P.O. Box Number is Not Acceptable) 3906 51ST ST **TAMPA FL 33617** City 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. (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 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** TITLE ☐ Delete TITLE ☐ Change Addition PEREZ, ALEXIS NAME NAME STREET ADDRESS 3906 51ST ST STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TAMPA FL 33617 TITLE ☐ Delete TITLE ☐ Unange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Deiete TITLE Addition ☐ Change NAME NAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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-Z:P Delete TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS Cify-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing closs 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 of trusted empowered to execute his eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: x 1

changed, or on an attachment w

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

coowered.

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Daytime Phone #