

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062550

1. Entity Name

MCALPINE TRANSPORTATION & TOWING, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90022 036 ***150.00

0027670

Principal Place of Business

15021 JACKSON ROAD
DELRAY BEACH FL 33484

Mailing Address

15021 JACKSON ROAD
DELRAY BEACH FL 33484

2. Principal Place of Business

~~15021~~ 1208 Georgia St

Suite, Apt. #, etc.

#3

City & State

Delray Beach, FL

Zip

33444

Country

USA

3. Mailing Address

15021 JACKSON Rd

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33484

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0759743

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCALPINE, DARREN
15021 JACKSON ROAD
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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]
Signature, typed or printed name of registered agent and title if applicable.

Darren F. McAlpine

(NOTE: Registered Agent signature required when reinstating)

4-25-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS MCALPINE, DARREN
CITY-ST-ZIP 15021 JACKSON ROAD
DELRAY BEACH FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darren F. McAlpine

Date

Daytime Phone #

4-25-01

CP2E034 (10/00)