2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084136 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name DAILEY TOWING & TRANSPORT, INC. 04-19-2000 90063 025 ***150.00 Principal Place of Business Mailing Address 2212 EAST 109TH AVENUE 2212 EAST 109TH AVENUE **TAMPA FL 33612** TAMPA FL 33612-6229 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3538444 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDRA **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 TAM<u>PA</u> 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PTD TITLE ☐ Delete TITLE DAILEY, SANDRA L NAME NAME STREET ADDRESS 2212 EAST 109TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 Change Addition ☐ Delete TITLE TITLE DAILEY, HERBERT E NAME STREET ADDRESS STREET ADDRESS 2212 EAST 109TH AVENUE -CITY-ST-ZiP CITY-ST-ZIP **TAMPA FL 33612** □ Change Addition ☐ Delete TITLE TITLE LOGAN, ROBERT L NAME NAME STREET ADDRESS STREET ADDRESS 2212 EAST 109TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** [] Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE

CITY-ST-ZIP

SANDRA L. DAILEY
SPRINTER AND TYPER OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2000 813-975-8449

Daytime Phone #