2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 22, 2002 8:00 am P99000009379 DOCUMENT # **Secretary of State** 1. Entity Name 03-22-2002 90021 049 ***150.00 RPS TOWING, INC. Principal Place of Business Mailing Address 1704 OVERLAKE AVE し いいせいかいじん 153 7TH ST ORLANDO FL 32806 ORLANDO FL 32824 HS US 2. Principal Place of Business 3. Mailing Address S. Marcoossee Rd 1175 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE .Cloud ity & State City & State Applied For 4. FEI Number 59-3556051 Not Applicable 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 Name STARCHER, PAM D Street Address (P.O. Box Number is Not Acceptable) 1704 OVERLAKE AVENUE ORLANDO FL 32806 Zip Code City 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) 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, 2002 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 11. (9/01) TITLE ☐ Delete TITLE ☐ Change Addition STARCHER, RANDY C NAME NAME 1704 OVERLAKE AVENUE STREET ADDRESS STREET ADDRESS **ORLANDO FL 32806** CITY-ST-7IP CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE ☐ Change ☐ Addition STARCHER, PAM D NAME NAME STREET ADDRESS STREET ADDRESS 1704 OVERLAKE AVENUE CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 a address, with all other like empowered.

FILED