

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000014457**

1. Entity Name

MCALPINE'S TOWING, RECOVERY, & TRANSPORT, INC.**FILED**
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90043 024 ***150.00

Principal Place of Business Mailing Address
3230 STIRLING ROAD 3230 STIRLING ROAD
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

2. Principal Place of Business

1208 GEORGIA STSuite, Apt. #, etc. **1**

3. Mailing Address

5266 INWOOD DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BCH., FL

City & State

DELRAY BCH., FL4. FEI Number **65-0910517**

Applied For

Not Applicable

Zip **33444**

Country

USA

Zip

33484

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONE, FREDERICK JR.
3230 STIRLING ROAD
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

RICHARD MEDEIROS

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

5266 INWOOD DR.

City

DELRAY BCH.**FL**

Zip Code

33484

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 **RICHARD MEDEIROS D-PRES.**

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

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MEDIEROS, RICHARD	
STREET ADDRESS	3230 STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD MEDEIROS	
STREET ADDRESS	5266 INWOOD DR.	
CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Date

1/31/01

Daytime Phone #

561-637-8785

CR2E034 (10/00)