2001 UNIFORM BUSINESS REPOFIT (UBR)

changed, or on an attachment with an address

SIGNATURE AND

SIGNATURE:

Jun 04, 2001 8:00 am Secretary of State DOCUMENT # P99000058217 06-04-2001 90007 049 ***150.00 TOWTRUCK COMPANY OF ORLANDO Principal Place of Business Mailing Address 3208 E. COLONIAL DR. #403 3208 E. COLONIAL DR. #403 ORLANDO FL 32803 ORLANDO FL 32803 C0070951 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 59-3592230 Not Applicable Zip 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 PURCELL, CHERYL A Street Address (P.O. Box Number is Not Acceptable) 538 N. PARRAMORE AVE ORLANDO FL 32801 Zip Code City 8. The above named entity submits this statement for the purpose of changing its agistered office or registered agent, or both, in the State of Florida 5 gnature, typed or printed name of registered agent and title if applicable. (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, 20 1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payat e to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Changé Addition ☐ Delete TITLE TITLE NAME GREN, PAUL NAME STREET ADDRESS STREET ADDRESS 100 STIRLING AVENUE CITY-ST-ZIP CITY - ST-ZIP WINTER PARK FL 32789 ☐ Delete UTLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete NAME NAME STREET ADDR: \$\$ STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Addition TITLE ☐ Delete Change NAME STREET ADDI-ESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report in rue 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 and where the same legal effect as if made under oath; that I am an officer or director that or supplemental that I am an officer or director of the corporation or the receiver or trustee and where the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee and when the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee.