2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State DOCUMENT # P9900065445 05-18-2001 91648 001 ***300.00 1-800-AUTOTOW FLORIDA, INC. Principal Place of Business Mailing Address 1301 NORTH CONGRESS AVE..STE.330 BOYNTON BEACH FL 33426 1301 NORTH-CONGRESS AVE..STE.330 BOYNTON BEACH FL 33426 3. Mailing Address 2. Principal Place of Business 1446 Coart DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0935924 eavwalev eavwa Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADLER, ROBERT R ESQ. %DELMER C. GOWING, III, P.A., 101 S.E. 6TH AVE **DELRAY BEACH FL 33483** 8. The above named entity submits bis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 orporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. □ Delete TITLE Iarocci, Eugene A IAROCCI, EUGENE A NAME NAME 1301-N CONGRESS AVE STE 330 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP clearwater, **BOYNTON BEACH FL 33426** CITY-ST-7IP ☐ Change Addition dis Delete TITLE TITLE TEETERS, STEVEN & NAME NAME 1301 N CONORESS AVE STE 330 STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33426 CITY-ST-ZIP CITY-ST-ZIP · Delete - -TITLE eòuard D. Levin NAME NAME 1446 Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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 oddress.

VICE DVESIDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

4-30-01 727-469-882)