## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102898  1. Entity Name RICH'S TOWING & RECOVERY, INC.						Aug 08, 2000 8:00 am Secretary of State 08-08-2000 90004 018 ***558.75			
Principal Place of Business 10120 BOCA ENTRADA BLVD #309 BOCA RATON FL 33428-5887		Mailing Address 10120 BOCA ENTRADA BLVD #309 BOCA RATON FL 33428-5887							
•	lace of Business N. W. 3rd Street	3. Mailing Address							
Suite, Apt. City & State	Suite, Apt. #, etc.  City & State				DO NOT WRITE IN THIS SPACE  4. FEI Number  Applied For				
Boca ^ Zip 33432	Raton, Florida Country U.S.A.	Zip	Country	y	-	59-3611418 Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		Name	7. N	lame and Address of New Reg	Istered Agent		
DOYLE, RICHARD H 10120 BOCA ENTRADA BLVD #309				Street Address (P.O. Box Number is Not Acceptable)					
800	CA RATON FL 33428-5887			City	s-iin.		FL Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its	registered	I office or regist	tered age	ent, or both, in the State of Florid			
SIGNATURE .	Signature, typed or printed name of registered agent a			RD H . DO Agent signature requi		instating)	7/25/2000 DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!! After SEPTEMBER 13 Make Check Payabl	3, 2000 N	in. will be \$7		10. Election Campaign Finar Trust Fund Contribution.	+-,-	May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doyle, Richard H 10120 Boca Entrada BLVD # Boca Raton Fl 33428-5887	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	NAME STREET CITY-S	ADDRESS IT-ZIP		-	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME	ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	Addition	
13 Lherehy o	certify that the information supplied with	this filing does not qualify for	the exem:	ntion stated in !	Section 1	119.07(3)(i) Florida Statutes, I fu	irther certify that the in	nformation	

FILED

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 | SIGNATURE | Date | Date