FILED Apr 19, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

I. Entity Name	MENT# V62186 E COAST TOWING OF MAR			04-19-2001	90328 042	***150.00
Principal Place of Business Mailing Address 7704 Basswood Drive 7704 Basswood Chattanooga, TN 37416 Chattanooga				C0049859		
2. Principal Place of Business 8503 Hilltop Drive Suite, Apt. #, etc.		3. Mailing Address 8503 Hilltop Drive Suite, Apt. #, etc.		DO NOT WRITE IN TH	IS SPACE	
City & State Ooltewah, TN		City & State Ooltewah, TN		4. FEI Number Applied For Rot Applicable 65-0372597 Not Applicable		
Zip 37363	Country Hamilton	Zip 37363	Country Hamilton	5. Certificate of Status Desired	\$8.75 Addit	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registers	d Agent	
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301				ss (P.O. Box Number is Not Acceptable)		
			City	F	Zip Code	
SIGNATURE _	named entity submits this statement f		registered office or reg	istered agent, or both, in the State of Florida.	Tr.	
9. This corpo Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so.	e FILE NOW After MAY 1, 20	III FEE IS \$150.00 Of Fee will be \$550. Ne to Department of	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added	O May Be to Fees
11.	OFFICERS ANI		12.	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey I. Badgley 8503 Hilltop Drive Ooltewah, TN 37363	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Ted Durig 1440 53rd Street Magonia Park, FL 334	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change	Addition
TITLE NAME STHEET ADDRESS ONY ST-ZIP	VP/S/T John Maynord 8503 Hilltop Drive Ooltewah, TN 37363	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS William Beckley 8503 Hilltop Drive Ooltewah, TN 37363	□ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
13. I hereby indicated of the co-	certify that the information supplied of on this report or supplemental report poration or the receiver or trustee en for on an attachment with an address	with this filing does not qualify it is true and accurate and that apowered to execute this reposs, with all other like empowere	for the exemption stated t my signature shall have rt as required by Chapte d.	I in Section 119.07(3)(i), Florida Statutes. I furthe e the same legal effect as if made under oath; the er 607, Florida Statutes; and that my name appe	r certify that the i lat I am an officer lars in Block 11 o	nformation or director ir Block 12 if
SIGNA	TURE! AL III	√ John May		4-16-01		
J. J. 177	SIGNATURE AND TY ED C	OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date	Daytime Phone #	