

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032122

1. Entity Name

BILL'S TOWING AND RECOVERY INC. OF JAX.

Principal Place of Business

7701 HAMMOND BLVD.  
JACKSONVILLE FL 32220

Mailing Address

7701 HAMMOND BLVD.  
JACKSONVILLE FL 32220

2. Principal Place of Business

7701 HAMMOND BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX, FL.

City & State

4. FEI Number

59-3505464

Applied For

Not Applicable

Zip

32220

Country

DUVAL

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARDRUP, WILLIAM Z JR.  
7701 HAMMOND BLVD.  
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PDTS ☐ Delete  
NAME WARDRUP, NANCY A  
STREET ADDRESS 7701 HAMMOND BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE VD ☐ Delete  
NAME WARDRUP, WILLIAM Z JR.  
STREET ADDRESS 7701 HAMMOND BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: William Z Wardrup Jr. V.P. WILLIAM Z 1/5/2002 904-783-2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90012 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)