

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086419

1. Entity Name

WINSTEAD TOWING & RECOVERY, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90103 019 \*\*\*150.00

Principal Place of Business

Mailing Address

2419 CRYSTAL SPRINGS ROAD  
 ZEPHYRHILLS FL 33540

2419 CRYSTAL SPRINGS ROAD  
 ZEPHYRHILLS FL 33540-7351

2. Principal Place of Business

914 HALF MOON Cir.

3. Mailing Address

914 HALF MOON Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

4. FEI Number

59-3600995

Applied For

Not Applicable

Zip

33549

Country

USA

Zip

33549

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Michelle Winstead

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

914 HALF MOON Cir.

City

Lutz

FL

Zip Code

33549

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

*Michelle Winstead*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	WINSTEAD, ROY W	
STREET ADDRESS	2419 CRYSTAL SPRINGS RD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WINSTEAD, ROY W	
STREET ADDRESS	2419 CRYSTAL SPRINGS RD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTEAD, DAVID K.	
STREET ADDRESS	914 HALF MOON Cir	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	T/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTEAD, Michelle D.	
STREET ADDRESS	914 HALF MOON Cir	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*David K. Winstead*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 (813) 714-3470