

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086419

1. Entity Name

WINSTEAD TOWING & RECOVERY, INC.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90064 030 ***150.00

Principal Place of Business

914 HALF MOON CIRCLE
LUTZ FL 33549

Mailing Address

914 HALF MOON CIRCLE
LUTZ FL 33549

2. Principal Place of Business

1308 W. Hamilton Ave

Suite, Apt. #, etc.

3. Mailing Address

1308 W. Hamilton Ave

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip
33604

Country

Hillsborough

Zip
33604

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3600995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINSTEAD, MICHELLE
914 HALF MOON CIRCLE
LUTZ FL 33549

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WINSTEAD, ROY W 2419 CRYSTAL SPRINGS RD. ZEPHYRHILLS, FL 33540 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WINSTEAD, ROY W 2419 CRYSTAL SPRINGS RD. ZEPHYRHILLS FL 33540 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VM WINSTEAD, DAVID K 914 HALF MOON CIRCLE LUTZ FL 33549 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS WINSTEAD, MICHELLE D 914 HALF MOON CIRCLE LUTZ FL 33549 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Michelle D. Winstead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01

Date

(813) 748-4826

Daytime Phone #

CR2E034 (10/00)