

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

2000-2001 UBR



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB -1 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106065

1. Corporation Name

WILLIAM'S TOWING & RECOVERY, INC.

Principal Place of Business

P.O. BOX 50011  
LIGHTHOUSE POINT FL 33074

Mailing Address

P.O. BOX 50011  
LIGHTHOUSE POINT FL 33074



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

William's Towing & Rec Williams Towing & Rec.

Suite, Apt. #, etc.

1536 NE 31st Street

City & State

Pompano Beach, Florida

Zip 33064

Country Broward

3. New Mailing Office Address, If Applicable

Williams Towing & Rec.

Suite, Apt. #, etc.

Suite 1.

City & State

541 South State Rd 7

Zip 33068

Country Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/1999

5. FEI Number

65-0965748

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARK T VESPIA	17748 SW 146 CT	MIAMI FL 33177
V	DWAYNE WILLIAMS	1536 NE 31 ST	POMPAHO BEACH FL 33064

900003743339-9  
-02/20/01--01067--022  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

VESPIA, MARK T  
4848 N.E. 24TH COURT, #212  
LAUDERDALE LAKES FL 33313

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box required)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-26-00 954-786-1690

CR2040 (800)



# *The Accounting Clinic*

We can make a difference.

January 26, 2001.

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida. 32314

Gentlemen;

I have just been retained by William's Towing & Recovery, Inc. to bring their accounting and tax records up to date. My clients formed their corporation on December 6, 1999 and used a Post Office Box to receive all of their mail.

My clients have no record of ever receiving their corporate annual report at their post office box or at their home. I examined all records and files and did not find a corporate annual report to be filed.

Based upon the above information it is respectfully requested that the enclosed application be accepted with the contained \$ 300.00 payment. It was not the intention of my client not to comply with the corporate annual filing requirements.

Your understanding is appreciated. If there are any questions or if I can be of any further assistance please do give me a call.

Sincerely,

Carl Fedele, Former  
I.R.S. Field Agent

CF;rk