FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91220 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106065

1. Entity Name
WILLIAM'S TOWING & RECOVERY, INC.

11005593

Principal Place of Business	Mailing Address
1536 N.E. 31ST STREET POMPANO BEACH, FL 33064	~~541 SOUTH STATE RD. 7 SUITE 1 POMPANO BEACH, FL 33068~~

2. Principal Place of Business		3. Mailing Address	
		1536 NE 31 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Pompano Bch, FL	
Zip	Country	Zip: 33064	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0965748 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number Is Not Acceptable): 1536 NE 31 Street
City: Pompano Bch FL Zip Code: 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VESPIA, MARK T 4848 NE 24 CT #212 LAUDERDALE LAKES, FL 33313	☐ 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	VP Dwayne Williams 1536 NE 31 Street Pompano Bch, FL 33064 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT 4-17-03 954-786-1690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #