

Tampa Repo, Repossession Service



### **Associated Investigators of Tampa, Inc.**

**is a Florida for profit corporation that was formally known as Executive Towing, Inc. This corporation has been doing business as Executive Auto Recovery since 1987. The tax ID number is still 59-3099401.**

**Ownership has not changed. The new corporation name was adopted as Associated Investigators of Tampa, Inc on 8-1-2005 with the approval and as a co-marketing effort with Associate Investigators, Inc. which is based in Sanford (Orlando), FL with an additional location in Ft Pierce, FL.**

Tampa Repo, Repossession Service

**FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

**CHARLES H. BRONSON  
COMMISSIONER  
DIVISION OF LICENSING**

ISSUE DATE: 08/22/05

LICENSE NO. R 9000026

THE AGENCY OR SCHOOL NAMED BELOW IS  
LICENSED AND REGULATED UNDER THE  
PROVISIONS OF CHAPTER 493, FLORIDA STATUTES,  
FOR THE PERIOD EXPIRING OCTOBER 31, 2007

RECOVERY AGENCY

ASSOCIATED INVESTIGATORS  
OF TAMPA, INC.  
DBA EXECUTIVE AUTO RECOVERY  
7628 N. 56TH STREET  
SUITE 6  
TAMPA, FL 33617

MEEKS, DANIEL EUGENE  
DIRECTOR



A handwritten signature in black ink that reads 'Charles H. Bronson'.

**CHARLES H. BRONSON  
COMMISSIONER**



# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JL  
EXECU-5

DATE (MM/DD/YYYY)  
12/01/05

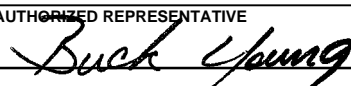
<b>PRODUCER</b> Mid State/Sharpton Ins. Agency P.O. Box 710 Columbia TN 38402-0710 Phone: 931-388-8332 Fax: 931-381-2734	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> ASSOCIATED INVESTIGATORS OF TAMPA, INC Dan Meeks 7628 N 56th street #6 Tampa FL 33617	INSURER A: <b>EMPIRE FIRE &amp; MARINE</b>	<b>21326</b>
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<b>TBD120105</b>	<b>12/01/05</b>	<b>12/01/06</b>	COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1,000,000</b>
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY:	EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	<b>OTHER</b>					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 1999 CHEVY TRUCK 1GBK34J2XF041634  
 2001 GMC TRUCK 3GDK34G71M116718 **COMMERCIAL**  
 AUTO COVERAGE FOR SCHEDULED VEHICLES USED IN REPOSSESSION ACTIVITIES

<b>CERTIFICATE HOLDER</b>  PROOF OF INSURANCE	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 11, 2005

DANIEL E. MEEKS  
7628 N 56TH ST  
#6  
TAMPA, FL 33617

Re: Document Number V02432

The Articles of Amendment to the Articles of Incorporation for EXECUTIVE TOWING, INC. which changed its name to ASSOCIATED INVESTIGATORS OF TAMPA, INC., a Florida corporation, were filed on August 8, 2005.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Irene Albritton  
Document Specialist  
Division of Corporations

Letter Number: 305A00051619

# State of Florida



## Department of State

I certify from the records of this office that ASSOCIATED INVESTIGATORS OF TAMPA, INC. is a corporation organized under the laws of the State of Florida, filed on December 26, 1991.

The document number of this corporation is V02432.

I further certify that said corporation has paid all fees due this office through December 31, 2005, that its most recent annual report/uniform business report was filed on March 20, 2005, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Eleventh day of August, 2005



CR2EO22 (2-03)

*Glenda E. Hood*  
Glenda E. Hood  
Secretary of State

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
See Specific Instructions on page 2

Name (as shown on your income tax return)  
**Associated Investigators of Tampa, Inc. / also dba Executive Auto Recovery**

Business name, if different from above

Check appropriate box:  Individual/  
Sole proprietor  Corporation  Partnership  Other ▶ .....  Exempt from backup  
withholding

Address (number, street, and apt. or suite no.)  
**7628 N. 56th St #6**

City, state, and ZIP code  
**Tampa, FL 33617**

List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								
5	9	3	0	9	9	4	0	1

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Daniel E Meeks</i>	Date ▶ <b>08-15-05</b>
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.