

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90078 044 \*\*\*150.00

**DOCUMENT # P94000086810**

1. Entity Name

**FLEET SUPPORT SERVICES, INC.**

Principal Place of Business

Mailing Address

10270 N.W. 47TH ST  
 SUNRISE FL 33351  
 US

10270 N.W. 47TH ST  
 SUNRISE FL 33351-7970  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0537694**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEEBE, WILLIAM**  
**9311 NW 35TH MANOR**  
**SUNRISE FL 33351**

Name

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

**11289 LAKEVIEW DRIVE**

City

**CORAL SPRINGS**

FL

Zip Code

**33071**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **DP BEEBE, WILLIAM**  
 STREET ADDRESS **9311 NW 35TH MANOR**  
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **11289 LAKEVIEW DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE  Delete  
 NAME **D SEIFERT, TED**  
 STREET ADDRESS **7368 WOODMONT AVENUE #106**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1341 SE 4TH AVENUE**  
 CITY-ST-ZIP **POM. PATA Beach FL 33060**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/00**

Date

Daytime Phone #