

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90001 001 \*\*\*150.00

**DOCUMENT # P98000047578**

1. Entity Name  
**FLEETWOOD EXECUTIVE TRANSPORTATION, INC.**

Principal Place of Business      Mailing Address  
**13231 WASHINGTON AVE**      **13231 WASHINGTON AVE**  
**LARGO FL 33773**      **LARGO FL 33773-1108**

2. Principal Place of Business      3. Mailing Address  
**13231 WASHINGTON AVE**      **SAME**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**LARGO, FLORIDA**      **SAME**

Zip      Country      Zip      Country  
**33773**      **USA**

4. FEI Number      Applied For  
**NOT APPLICABLE**       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**

**CAROLLO, JOSEPH S**  
**13231 WASHINGTON AVE**  
**LARGO FL 33773**

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:  **PRESIDENT/REG. AGENT?**      DATE: **6-25-00**  
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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAROLLO, JOSEPH S</b>		NAME	
STREET ADDRESS <b>13231 WASHINGTON AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LARGO FL 33773</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:       Date: **6-25-00**      Daytime Phone #: **727 582-9073**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/99) 11

**FLEETWOOD EXECUTIVE  
TRANSPORTATION INC.**  
13231 WASHINGTON AVE.  
LARGO, FL 33773  
727-582-9073 Fax 727 559-9856

Attachment  
D# 0068192  
00068192

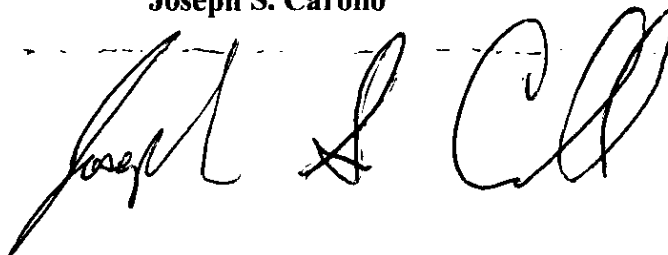
**FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314**

**To Whom It May Concern:**

**Enclosed is my renewal fee for my business. I apologize for the delay. My bookkeeper misplaced my renewal papers. I am a sole owner of this business and spend most of my time driving out on the road. I cannot financially afford to renew my corporation for 550.00. I would appreciate if you would excuse this late fee. I will make sure that this will never happen in the future. Thank you.**

**Sincerely,**

**Joseph S. Carollo**

A handwritten signature in black ink, appearing to read "Joseph S. Carollo", written in a cursive style.