

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90098 037 \*\*\*150.00

**DOCUMENT # 358387**

1. Entity Name

**VICKERS FLEET SERVICE, INC.**

Principal Place of Business

**2400 17TH STR E  
PALMETTO FL 34221  
US**

Mailing Address

**PO BOX 711  
PALMETTO FL 34220-0711  
US****911664**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-1369701**

Applied For

Not Applied

Zip

Country

Zip

Country

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

**VICKERS, WILLIAM A  
2204 5TH STREET WEST  
PALMETTO FL 34221**

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

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

TITLE **ST** ☐ Delete  
NAME **VICKERS, ROSE C.**  
STREET ADDRESS **2204 5TH ST WEST**  
CITY-ST-ZIP **PALMETTO FL**TITLE **P** ☐ Delete  
NAME **VICKERS, WILLIAM A. JR.**  
STREET ADDRESS **2204 5TH ST WEST**  
CITY-ST-ZIP **PALMETTO FL**TITLE **VD** ☐ Delete  
NAME **VICKERS, WILLIAM A. SR.**  
STREET ADDRESS **2204 5TH ST WEST**  
CITY-ST-ZIP **PALMETTO FL**TITLE ☐ Delete  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE ☐ Change ☐ Addition  
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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:****William A. Vickers, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/2000 (941) 722-2106

Date

Daytime Phone #