

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003026

1. Entity Name

GARRON FLEET FUELING INC.

* please see attached *

Principal Place of Business

WELSH ROAD, SUITE 120
PA 19044

Mailing Address

132 WELSH ROAD, SUITE 120
HORSHAM PA 19044-2217

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

516 Georgetown Road

Bordentown, NJ

08505

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1662556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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	PDST	<input type="checkbox"/> Delete
NAME	GOSIN, BARRY E	
STREET ADDRESS	132 WELSH ROAD, SUITE 120	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	BROWN, MICHAEL A	
STREET ADDRESS	132 WELSH ROAD, SUITE 120	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	DAST	<input type="checkbox"/> Delete
NAME	BACHMAN, LESLEY-A	
STREET ADDRESS	132 WELSH ROAD, SUITE 120	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONNINI, DAVID	
STREET ADDRESS	132 WELSH ROAD, SUITE 120	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCADAM, TIMOTHY	
STREET ADDRESS	132 WELSH ROAD, SUITE 120	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sokolis, Glen	
STREET ADDRESS	132 Welsh Road, Suite 120	
CITY-ST-ZIP	HORSHAM, PA 19044	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donnini, David	
STREET ADDRESS	Goulder, Thomas, Cressy, Rainer	
CITY-ST-ZIP	6100 Sears Tower Chicago, IL 60606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McAdam, Timothy	
STREET ADDRESS	Goulder, Thomas, Cressy, Rainer	
CITY-ST-ZIP	6100 Sears Tower Chicago, IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

5/1/00 (609)324-2950

CR2E034 (9/99)