FILED Apr 11, 2008 8:00 am Secretary of State

| 2000 | FUR | PRUF | 11 G | JRPUI | KA II | |
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| | A | AUNN | L RE | PORT | | |
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| | 7/1/1/7 | | | | , | J U U I U I | miy or \sim | •••• |
|---|---|--|---|------------------------|---------------------------|-------------------------|--|------------------|
| DOCUMENT # G06584 1. Entity Name FLEET MANAGEMENT CONSULTING CORP. | | | | | | | 08 90033 045 ***1 | 50.00 |
| Principal Plac | a of Business | Mailing Address | | | 40069 | / O U | | |
| · | | | | • | 1000 | | | |
| | | | 809 BONIELLO DRIVE Ca raton, Fl. 33496 us | | | | | |
| DOCK INTO | 1,11 33430 | DOOR INTON, I'E 334 | 30 03 | , . | | | | |
| | | | | | | | BI BIBII BIBII BIBII BIBII BIBI | (4.00 |
| 2. Principal P | Nace of Business - No P.O. Box # | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | |
| Principal Place of Business - No P.O. Box # Mailing Address | | | | | 1 1881144 8834 81 | ITEN NITON ETTAL LANT E | At A121 A1811 BIBIT BIBIT BIBIT BIBIT | CILMAN ST ARMS |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04062008 | Chg-P | CR2E034 (12/06) | | |
| City & State City & State | | | | | 4. FEI Number | | A | oplied For |
| Only a Glate | | | | 59-2320 | 291 | | ot Applicable | |
| Zip | Country | Zip | Country | | | | \$9.75 | |
| | ' | | | | 5. Certificate o | Status Desired | | |
| *************************************** | 6. Name and Address of Current | t Registered Agent | <u>'</u> | | 7. Name and A | ddress of New | Registered Agent | |
| | | ······································ | N | lame | | | ······································ | |
| SPINELLI. | NICHOLAS J. | | | | | | | |
| | NIELLO DRIVE | | S | Street Address (I | P.O. Box Number | is Not Acceptab | le) | |
| BOCA RA | TON, FL 33496 | | | | | | | |
| | | | | | | | | |
| | | | | City | | | Zip Cod | e |
| | | | J | | | | rl i | |
| | named entity submits this statement f | or the purpose of changing its | s registered o | office or register | red agent, or both | in the State of F | lorida. I am familiar with, | and accept |
| the obligat | tions of registered agent. 🦸 | | | | | | | |
| CICNATURE | | | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agen | r and tale if applicable. (NOT | E: Registered Age | ent signature required | d when reinstating) | | DATÉ | |
| . | | | | | | | | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550. | 9. Election Campa Trust Fund Cont | | | .00 May Be led to Fees | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OF | FICERS AND DIRECTOR | S IN 11 |
| TITLE | TD | ☐ Delete | TITLE | | | | : Change | Addition |
| NAME | SPINELLI, NICK | | NAME | | | | | |
| STREET ADORESS | 17809 BONIELLO DRIVE | | STREET AS | DORESS | | | | |
| CITY-ST-ZIP | BOCA RATON, FL | | CITY-ST- | ZIP | | | | |
| TETLE | v | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | EVANS, CRAIG J. | | NAME | | | | در د | (|
| STREET ADDRESS | 860 N.W. 8TH AVE. | | STREET AL | DORESS | | | | |
| CITY-ST-ZIP | BOYNTON BCH, FL | | CITY-ST- | 1 | | | | |
| | P | m | | | | | Change | □ • ###** |
| TITLE_ NAME | SPINELLI, NICK | — — Delete - | TITLE | - | - · - | | LL_nange | _ [_] Addition |
| STREET ADDRESS | 17809 BONIELLO DRIVE | | NAME STREET AL | noness | | | | |
| CITY-ST-ZIP | BOCA RATON, FL | | CITY-ST- | - 1 | | | | |
| | | F4 | - | - | | | | (***) |
| TITLE | JV | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME CERCET ADDRESS | SPINELLI, AMELIA N | | NAME | 200500 | | | | |
| STREET ADDRESS | 17809 BONIELLO DRIVE | | STREET A | 1 | | | | |
| CITY-ST-ZiP | BOCA RATON, FL 33496 | | CITY-ST- | ar . | | | | |
| TITLE | İ | Oelete | TITLE | | | | Change | Addition |
| NAME | | | NAME | | | | | |
| STREET ADDRESS | | | STREET AL | | | | | |
| CITY-ST-ZIP | | | CITY-ST- | ZIP | | | | |
| THILE | | ☐ Delete | TITLE | - 1 | | | Change | Addition |
| NAME | | | NAME | 1 | | | | |
| STREET ADDRESS | | | STREET AL | | | | | |
| CITY-ST-ZIP | | | CITY-ST- | ZIP | | | | |
| 12. I hereby | certify that the information supplied will | th this filing does not qualify for | or the exemp | otions contained | d in Chapter 119. | Florida Statutes. | I further certify that the i | nformation |
| indicated | on this report or supplemental report reporation of the receiver or trustee emp or on an attachment with air address. | is true and accurate and that | my signature | shall have the | same legal effect | as if made under | roath; that I am an officer | or director |
| changed | , or on an attachment with an address. | , with all other like empowered | i. | by Chapter 807 | , , iona statutes | f and mattiny flat | T | , JJ054 1111 |
| • | | / | | | | 4-9.00 | | |
| SIGNAT | | | | | <u> </u> | 17,00 | ى | |
| | Alana mara and maran an | Manager warm or digunus orriers | | | | Dese | Daytima Phone # | |