

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H43279

1. Entity Name

CINDY LOU FLEET, INC.

Principal Place of Business

720 SCALLOP DRIVE  
727 SCALLOP DRIVE  
CAPE CANAVERAL FL 32920

Mailing Address

720 SCALLOP DRIVE  
727 SCALLOP DRIVE  
CAPE CANAVERAL FL 32920-4507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2498032

Applied For

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

SCOTT, ALLEN C.D., II  
727 SCALLOP DR.  
235 ANDROS AVE., COCOA BCH., FL 32921  
CAPE CANAVERAL FL 32920

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVP  
NAME ROSEN, JONATHAN P  
STREET ADDRESS 302 FIFTH AVE.  
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE DVP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME NIMKOFF, ROBERT  
STREET ADDRESS 302 FIFTH AVE.  
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD VP  
NAME BERGMAN, HARRY  
STREET ADDRESS 302 FIFTH AVE.  
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE STDVP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS  
NAME SMITH, KEITH R  
STREET ADDRESS 727 SCALLOP DR  
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☒ Delete

TITLE AS ☒ Change ☐ Addition  
NAME BRENDA E. NUGEN  
STREET ADDRESS 727 SCALLOP DR.  
CITY-ST-ZIP CAPE CANAVERAL, FL 23920

TITLE PD  
NAME HALPER, NORMAN  
STREET ADDRESS 302 5TH AVE  
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90004 010 \*\*\*150.00

628191



DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)