## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # J76437



## **FILED** Mar 03, 2003 8:00 am Secretary of State

	FLEET SERVICE AND EQUIPMENT COMPANY, INC.					03-03-2003 90970 048 ***150.00		
Principal Place of Business FLEETCO 685 BROAD STREET PENSACOLA FL 32534		Mailing Address FLEETCO 685 BROAD STREET PENSACOLA FL 32534			<u> </u>			
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & Sta	ite	Cit	y & State			4. FEI Number 59-2811201 Applied Fo		
Zip	Country	Zip	<b>.</b>	Country		5. Certificate of Status Desired		
	6. Name and Address of Cur	rent Register	ed Agent			7. Name and Address of New Registered Agent		
CHASE,				Name Street Ad	Idroos (B			
101 E GOVERNMENT ST. PENSACOLA FL 32501				Sireer Ad	uless (F	P.O. Box Number is Not Acceptable)		
				City		FL Zip Code agent, or both, in the State of Florida. I am familiar with, and according to the state of Florida.		
Afte	Signature, typed or printed name of registered a ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	00	olicable. (NOT	E: Registered Agent signature	e required w	9. Election Campaign Financing Trust Fund Contribution.		
10.	<u> </u>	ND DIRECTO	DC		*.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS BRISCIONE, JOHN 4250 ROMMITCH LANE PENSACOLA FL		☐ Delete	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addi		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addit		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	,	☐ Change ☐ Additi		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		

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 changed, or on an attachness with all other like empowered.

SIGNATURE:

MUS REQUIRED IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #