

# 2000 UNIFORM BUSINESS REPORT (UBR)

AND  
FILED

00 MAY 23 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001584

1. Entity Name

QUICK FUEL FLEET SERVICES, LLC

Principal Place of Business

11815 WEST BRADLEY ROAD  
MILWAUKEE WI 53224

Mailing Address

11815 WEST BRADLEY ROAD  
MILWAUKEE WI 53224-2532



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1957778

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM JACOBUS, CHARLES D JR. ☐ Delete  
STREET ADDRESS 11815 WEST BRADLEY ROAD  
CITY- ST- ZIP MILWAUKEE WI 53224

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

TITLE NAME MGRM REGENFUSS, FRED J ☐ Delete  
STREET ADDRESS 11815 WEST BRADLEY ROAD  
CITY- ST- ZIP MILWAUKEE WI 53224

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5-15-2000

Date

414-359-0700

Daytime Phone #

CR2E083 (1/01/99)