## **2001 UNIFORM BUSINESS REPORT (UBR)**

2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P0000034412  1. Entity Name FLEET GLOBAL SERVICES, INC.							FILED May 02, 2001 8:00 am Secretary of State			
Principal Plac		Mailing Address	:							
2893 S. OSCEO ORLANDO FL. 3		E. E-5	POST OFFICE BOX 620575 ORLANDO FL 32862-0575			:				
	Name of Danie		10 MaiG- Add							
2. Principal Place of Business  119 Gatlin Avenue  Suite, Apt. #, etc.  3. Mailing Address  P.O. Box 5  Suite, Apt. #, etc.					68397					
City & Stat	ndo, I	PL !	City & State Orlando, F	City & State Orlando, FL			4. FEI Number 59-3633075		oplied For ot Applicable	
Zip 3280		Countrý LUSA		Cour	ntry _ <b>US</b> 2	Δ		\$8.75 Add		
	and Address of Current	Registered Agent	+	Name	<del></del> .	7. Name and Address of New Regis	tered Agent			
CUMBEE, ALAN B 2893 S. OSCEOLA AVE., STE. E-5					Street Ac	Mack Fulmer et Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32806						1141 Windsong Road				
					City		ando ed agent, or both, in the State of Florida		e 2809	
Tax filing	oration is elig	or printed name of resovered agent ible to satisfy its Intangible and elects to do so.		!! FEE	IS \$150.0 will be \$5	0	when reinstating)  10. Election Campaign Financ Trust Fund Contribution.		<b>0</b> May Be	
11.	na on backy	OFFICERS AND		12.	eta men	OI Stat	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS		ALAN B OSCEOLA AVE., STE. E	☐ Delete		E Me Eet address	114	k Fulmer 1 Windsong Road	☐ Change	【 <b>X</b> Addition	
CITY-ST-ZIP TITLE	ORLANDO	) FL 32806 -	Delete	TITL	'-ST-ZIP E	Orl DV	ando, FL 32809	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					IE EET ADDRESS '_ST-ZIP	410	Marlene Carey 1 Woodlynne Lane	_		
TITLE NAME			☐ Delete	TITL NAM	E	DST Mar	garet S. Fulmer	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		مستر بدر مسروع			-ST-ZIP		1 Windsong Road ando, FL 32809			
TITLE NAME STREET ADDRESS			☐ Delete	TITL NAM STR				☐ Change	☐ Addition	
CITY-ST-ZIP		. 1	☐ Delete	:CITY	/-ST-ZIP E			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	· •	i I	-		KE EET ADDRESS '-ST-ZIP					
TITLE NAME		<del>i</del>	☐ Delete	TITL	E fe			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				CITY	EET ADDRESS '-ST-ZIP					
indicated of the cor	l on this reported on the contract of the contract of the contract on the contract on the contract of the cont	rt or supplemental report is ne receiver or trustee empo	true and accurate and that r	ny siana	iture shall ha	ive the s	ction 119.07(3)(i), Florida Statutes. I furt same legal effect as if made under oath 7, Florida Statutes; and that my name ap	: that I am an otticer	or airector (	

4/24/01 Date

407-240-0301 Daytime Phone #