

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90011 037 \*\*\*150.00

**DOCUMENT # P00000080550**

1. Entity Name  
**FLEET MAINTENANCE SERVICES CORP.**

Principal Place of Business  
**605 WEST NORTH BAY STREET  
 TAMPA FL 33603**

Mailing Address  
**605 WEST NORTH BAY STREET  
 TAMPA FL 33603**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**605 WEST NORTH BAY ST.**

3. Mailing Address  
**605 WEST NORTH BAY ST.**

City & State  
**TAMPA FLA.**

City & State  
**TAMPA FLA.**

4. FEI Number  
**59-3668473**

Applied For  
 Not Applicable

Zip Country  
**33603 Hillsborough**

Zip Country  
**33603 Hillsborough**

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**

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **PTD**  Delete  
 NAME **BRYSON, CHARLES S**  
 STREET ADDRESS **605 WEST NORTH BAY STREET**  
 CITY-ST-ZIP **TAMPA FL 33603**

TITLE **PTD**  Change  Addition  
 NAME **FIGUEROA, JUAN C.**  
 STREET ADDRESS **605 WEST NORTH BAY STREET**  
 CITY-ST-ZIP **TAMPA FLA. 33603**

TITLE **SVD**  Delete  
 NAME **FIGUEROA, JUAN C**  
 STREET ADDRESS **605 WEST NORTH BAY STREET**  
 CITY-ST-ZIP **TAMPA FL 33603**

TITLE **SVD**  Change  Addition  
 NAME **BRYSON CHARLES S**  
 STREET ADDRESS **605 WEST NORTH BAY STREET**  
 CITY-ST-ZIP **TAMPA FLA. 33603**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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.

SIGNATURE: Charles Bryson **CHARLES BRYSON** 4/25/01 863-559-0955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)