2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P02000045340

DOCUMENT #

655 SE CALMOSO DR

PORT ST LUCIE FL 34983

ACTION FLEET SERVICE, INC.

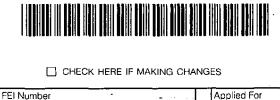
Principal Place of Business Mailing Address

655 SE CALMOSO DR

PORT ST LUCIE FL 34983



05-02-2003 90242 023 ***150.00



2. Principal Pl	ace of Busines	s	3. Mailing Add	ress	•				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number - Applied For Not Applicable			
Zip	. Country Zip			Cou	intry /	5. Certificate of Status Desired	\$Q.75_Auditional		
	6. Name ar	nd Address of Curren	t Registered Agen	t	T .	7. Name and Address of New Re	<u> </u>		
MAGLIOCHETTI, VINCENT J JR					Name				
	LMOSO DR	NI J JN			Street Address	ss (P.O. Box Number is Not Acceptable)			
	LUCIE FL 349)83				· · · · · ·			
,					City		FL Zip C	ode	
the obligation	ons of registere	ed agent.				stered agent, or both, in the State of Flor	da. I am familiar wit	h, and accept	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State					red Agent signature requ	9. Election Campaign Fina Trust Fund Contribution	ncing=\$5	.00 May Be	
10. OFFICERS AND			DIRECTORS	DIRECTORS 11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11	
NAME STREET ADDRESS	655 SE CAL	TTI, VINCENT J MOSO DR ICIE FL 34983		ST	le Me Reet address IY-ST-ZIP		☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				STI	LE ME REET ADDRESS 'Y-ST-ZIP		☐ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ž.		STI	LE ME REET ADDRESS Y-ST-ZIP		☐ Chang	e	
TITLE NAME -STREET-ADDRESS CITY-ST-ZIP				STI	LE ME REET ADDRESS Y-ST-ZIP		☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	120			Delete TIT NA STI	- _		☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1				,		☐ Chang	e 🔲 Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.