

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90023 024 ***158.75

DOCUMENT # P03000063784

1. Entity Name
AUTO MASTERS FLEET SERVICES OF TAMPA, INC.



Principal Place of Business
~~5106 126TH AVE, N~~
CLEARWATER, FL 33760

Mailing Address
C/O DAVID A KING ATTY
1416 KINGSLEY AVE
ORANGE PARK, FL 32073



2. Principal Place of Business - No P.O. Box #
13088 60th Street North

3. Mailing Address

01072008 Chg-P CR2E034 (12/06)

4. FEI Number
02-0691356

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STRINGFIELD, DAVID
5109 W BEAVER ST
JACKSONVILLE, FL 32254

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	STRINGFIELD, DAVID	
STREET ADDRESS	5109 W BEAVER ST	
CITY-STATE-ZIP	JACKSONVILLE, FL 32254	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	STRINGFIELD, KAREN A	
STREET ADDRESS	5109 W BEAVER ST	
CITY-STATE-ZIP	JACKSONVILLE, FL 32254	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELL, SCOTT S	
STREET ADDRESS	7716 HABERSHAM DR	
CITY-STATE-ZIP	LAKE LAND, FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: ☒

David A King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 786-0400

Date

Daytime Phone #