

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90200 030 ***150.00

DOCUMENT # P04000062419

1. Entity Name
UNIVERSAL FLEET, INC.



Principal Place of Business
5607 N FLORIDA AVE
TAMPA, FL 33604

Mailing Address
5607 N FLORIDA AVE
TAMPA, FL 33604

00030319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-1044165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, RONIEL A
7430 N FLORIDA AVE
TAMPA, FL 33604

7. Name and Address of New Registered Agent

Name *Vasquez, Roniel A.*

Street Address (P.O. Box Number is Not Acceptable)

5607 N. Florida Ave

City *Tampa*

FL

Zip Code *33604*

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME VASQUEZ, RONIEL A
STREET ADDRESS 7430 N FLORIDA AVE
CITY-ST-ZIP TAMPA, FL 33604 ☐ Delete

TITLE V
NAME ESPEJO, JIMMY B
STREET ADDRESS 7430 N FLORIDA AVE
CITY-ST-ZIP TAMPA, FL 33604 ☐ Delete

TITLE ST
NAME VASQUEZ, ANGELICA
STREET ADDRESS 7430 N FLORIDA AVE
CITY-ST-ZIP TAMPA, FL 33604 ☐ Delete

TITLE V
NAME ESPEJO, DAHIANA
STREET ADDRESS 7430 N FLORIDA AVE
CITY-ST-ZIP TAMPA, FL 33604 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME *Vasquez, Roniel A*
STREET ADDRESS *5607 N. Florida Ave.*
CITY-ST-ZIP *Tampa FL 33604*

TITLE V ☒ Change ☐ Addition
NAME *Espejo, Jimmy B*
STREET ADDRESS *5607 N. Florida Ave*
CITY-ST-ZIP *Tampa FL 33604*

TITLE ST ☒ Change ☐ Addition
NAME *Vasquez, Angelica*
STREET ADDRESS *5607 N. Florida Ave*
CITY-ST-ZIP *Tampa FL 33604*

TITLE V ☒ Change ☐ Addition
NAME *Espejo, Dahiana*
STREET ADDRESS *5607 N. Florida Ave*
CITY-ST-ZIP *Tampa FL 33604*

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06 *813*
299-1003