2002 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2002 8:00 am Secretary of State P95000040398 **DOCUMENT #** 1. Entity Name AUTO MASTERS FLEET SERVICES, INC. 04-09-2002 91169 002 ***150 00 Principal Place of Business Mailing Address P.O. BOX 6365 572 MCCARGO ST. JACKSONVILLE FL 32220 JACKSONVILLE FL 32236 2. Principal Place of Business 3. Mailing Address 5109 Beaver St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3311400 acksonvil Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRINGFIELD, DAVID Street Address (P.O. Box Number is Not Acceptable) 5109 BEAVER ST JACKSONVILLE FL 32236 City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (9/01) TITLE ☐ Delete TITLE Addition STRINGFIELD, DAVID NAME 4390 BANK RD. 😘 STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE STRINGFIELD, KAREN NAME 4390 BANK RD STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: