

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

00000000 AV

**DOCUMENT # P95000040398**



1. Entity Name  
**AUTO MASTERS FLEET SERVICES, INC.**

04-23-2003 90166 010 \*\*\*150.00

Principal Place of Business  
**5109 BEAVER ST.  
JACKSONVILLE FL 32254**

Mailing Address  
**P.O. BOX 6365  
JACKSONVILLE FL 32236**

**11009371**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3311400**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**STRINGFIELD, DAVID  
5109 BEAVER ST  
JACKSONVILLE FL 32236**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>P</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>STRINGFIELD, DAVID</b>  |                                 |
| STREET ADDRESS | <b>4390 BANK RD.</b>       |                                 |
| CITY-ST-ZIP    | <b>MIDDLEBURG FL 32068</b> |                                 |
| TITLE          | <b>VP</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>STRINGFIELD, KAREN</b>  |                                 |
| STREET ADDRESS | <b>4390 BANK RD</b>        |                                 |
| CITY-ST-ZIP    | <b>MIDDLEBURG FL 32068</b> |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>President</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Stringfield, David</b>    |  |
| STREET ADDRESS | <b>1124 Wyndegate Drive</b>  |  |
| CITY-ST-ZIP    | <b>Orange Park, FL 32073</b> |  |
| TITLE          | <b>VP</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Stringfield, Karen</b>    |  |
| STREET ADDRESS | <b>1124 Wyndegate Drive</b>  |  |
| CITY-ST-ZIP    | <b>Orange Park, FL 32073</b> |  |
| TITLE          | <b>Corporate Secretary</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Mccallister, Micoele</b>  |  |
| STREET ADDRESS | <b>1800 Park Ave. #341</b>   |  |
| CITY-ST-ZIP    | <b>Orange Park, FL 32073</b> |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

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.

SIGNATURE: *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/21/03** Daytime Phone # **904-786-0400**

CR2E034 (10/02)