

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000040453**

1. Entity Name

FLEETCRAFT (AMERICA), INC.**FILED****Jan 20, 2000 8:00 am**
Secretary of State

01-20-2000 90149 046 ***150.00

Principal Place of Business

Mailing Address

**1325 NW 93 CT SUITE B115
MIAMI FL 33172
US****1325 NW 93 CT SUITE B115
MIAMI FL 33496-4107
US****605205**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3327012

Applied For

Not Applicable

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

**CLAPS, LOUIS JOHN CPA
1381 NW 127TH DRIVE
SUNRISE FL 33323**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MILKINS, WAYNE A	
STREET ADDRESS	1355 NW 93RD CT. #A-104	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	MILKINS WAYNE A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9529 FOX TROT LANE	
STREET ADDRESS	BOCA RATON	
CITY-ST-ZIP	FL 33496-4107	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MILKINS, WENDY P	
STREET ADDRESS	1355 NW 93RD CT. #A-104	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	MILKINS WENDY P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9529 FOX TROT LANE	
STREET ADDRESS	BOCA RATON	
CITY-ST-ZIP	FL 33496-4107	

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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other duly empowered.

SIGNATURE**W.A. MILKINS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)