

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90040 017 ***150.00

DOCUMENT #

1. Entity Name

Streicher Mobile Fueling, Inc.

Principal Place of Business

Mailing Address

2720 N W 55 Court
 Ft Lauderdale, Fl 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0707824

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

Golden, Scott
 644 S. E. 4th Ave.
 Ft Lauderdale, Fl 33301

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	DPS	<input type="checkbox"/> Delete
NAME	Streicher, Stanley H.	
STREET ADDRESS	2720 N W 55 Court	
CITY-ST-ZIP	Ft Lauderdale, Fl 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Barrett, Walter B.	
STREET ADDRESS	2720 N W 55 Court	
CITY-ST-ZIP	Ft Lauderdale, Fl 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	Alford, Steven M.	
STREET ADDRESS	2720 N W 55 Court	
CITY-ST-ZIP	Ft Lauderdale, Fl 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	Koshollek, Timothy W.	
STREET ADDRESS	2720 N W 55 Court	
CITY-ST-ZIP	Ft Lauderdale, Fl 33309	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	Golden, E. Scott	
STREET ADDRESS	644 S E 4 Ave	
CITY-ST-ZIP	Ft Lauderdale, Fl 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	Murphy, Joseph M.	
STREET ADDRESS	1700 S Dixie Hwy, Suite 510	
CITY-ST-ZIP	Boca Raton, Fl 33432	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Neil John H, Jr	
STREET ADDRESS	520 S E 5 Ave	
CITY-ST-ZIP	Ft Lauderdale, Fl 33301	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Connor, C. Rodney	
STREET ADDRESS	640 Fifth Ave, 15 Floor	
CITY-ST-ZIP	New York, N Y 10019	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

5-30-00

(954) 739-3880

Date

Daytime Phone #

Walter B. Barrett

CR2E034 (9/99)