

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084067

1. Entity Name

STREICHER, MOBILE FUELING, INC.

FILED

01 APR 19 AM 9:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2720 NW 55 COURT
FT LAUDERDALE FL 33309
US

Mailing Address

694 S.E. 4TH AVENUE
FT LAUDERDALE FL 33301
US

2. Principal Place of Business

800 W. Cypress Creek Rd
Suite, Apt. #, etc.
580

3. Mailing Address

800 W Cypress Creek Rd
Suite, Apt. #, etc.
580

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

Broward

Zip

33309

Country

Broward

4. FEI Number

65-0707824

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, SCOTT E. E
644 S.E. 4 AVE.
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Rd

City

Plantation

FL

Zip Code

33324

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

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

4-18-01

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS STREICHER, STANLEY H. 2720 N.W. 55 COURT FORT LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JOSEPH M 900 N FEDERAL HWY SUITE 480 BOCA RATON FL 33432	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEIL, JOHN H JR 520 SE 5 AVE FORT LAUDERDALE FL 33301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D L REAMES, L PHILLIPS 3340 PEACHTREE RD SUITE 450 ATLANTA GA 30326	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, E SCOTT 644 S E 4TH AVE FT LAUDERDALE FL 33301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BARRETT, WALTER B 2720 NW 55 COURT FT LAUDERDALE FL 33309	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D 943 Pepperidge Terrace Boca Raton, FL 33486	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 S. Dixie Hwy, Suite 510 Boca Raton, FL 33432	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	520 S.E. 5 Ave Apt 1312 Ft. Lauderdale, FL 33301	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004134933--0 -05/03/01--011A1--012 ****158.75****158.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/S 800 W. Cypress Creek Rd, Suite 580 Ft. Lauderdale, FL 33309	☒ Change ☐ Addition

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:

Walter B. Barrett

Walter B. Barrett

04-06-01

954-453-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

STREICHER MOBILE FUELING, INC.
ADDITIONAL OFFICERS AND DIRECTORS

TITLE P/D
NAME RICHARD E. GATHRIGHT
STREET ADDRESS 800 W. CYPRESS CREEK RD., SUITE 580
CITY - ST - ZIP FT. LAUDERDALE, FL 33309

TITLE D
NAME C. RODNEY O'CONNOR
STREET ADDRESS 840 FIFTH AVE, 18 FLOOR
CITY - ST - ZIP NEW YORK, NY 10019

TITLE D
NAME ROBERT S. PICOW
STREET ADDRESS 7534 ISLA VERDE WAY
CITY - ST - ZIP DELRAY BEACH, FL 33446

TITLE V
NAME GARY G. WILLIAMS
STREET ADDRESS 800 W. CYPRESS CREEK RD., SUITE 580
CITY - ST - ZIP FT. LAUDERDALE, FL 33309

TITLE V
NAME TED E. HONCHARIK
STREET ADDRESS 800 W. CYPRESS CREEK RD., SUITE 580
CITY - ST - ZIP FT. LAUDERDALE, FL 33309

TITLE V
NAME TIMOTHY W. KOSHOLLEK
STREET ADDRESS 800 W. CYPRESS CREEK RD., SUITE 580
CITY - ST - ZIP FT. LAUDERDALE, FL 33309

TITLE V
NAME STEVEN M. ALFORD
STREET ADDRESS 800 W. CYPRESS CREEK RD., SUITE 580
CITY - ST - ZIP FT. LAUDERDALE, FL 33309

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