

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90151 048 ***158.75

DOCUMENT # P96000084067

1. Entity Name
STREICHER MOBILE FUELING, INC.



Principal Place of Business
**800 W. CYPRESS CREEK RD., STE. 580
FORT LAUDERDALE FL 33309
US**

Mailing Address
**800 W. CYPRESS CREEK RD., STE. 580
FORT LAUDERDALE FL 33309
US**



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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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
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 11

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	STREICHER, STANLEY H.	
STREET ADDRESS	800 W. CYPRESS CREEK RD., STE. 580	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, GARY G	
STREET ADDRESS	800 W. CYPRESS CREEK RD., STE. 580	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOSHOLLEK, TIMOTHY W	
STREET ADDRESS	800 W. CYPRESS CREEK RD., STE. 580	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GATHRIGHT, RICHARD E	
STREET ADDRESS	800 W. CYPRESS CREEK RD., STE. 580	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	VINGER, PAUL C	
STREET ADDRESS	800 W. CYPRESS CREEK RD., STE. 580	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	SHORE, MICHAEL S	
STREET ADDRESS	800 W. CYPRESS CREEK RD., STE. 580	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wendell R. Beard	
STREET ADDRESS	16903 S.W. 79 Place	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry S. Mulkey	
STREET ADDRESS	P.O. Box 559	
CITY-ST-ZIP	Placida, FL 33946-0559	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Rodney O'Connor	
STREET ADDRESS	640 Fifth Ave, 15th Floor	
CITY-ST-ZIP	New York, NY 10019	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert S. Picow	
STREET ADDRESS	7534 Isla Verde Way	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Greg Ryberg	
STREET ADDRESS	413 Whisky Road	
CITY-ST-ZIP	Aiken, SC 29801	
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

Daytime Phone #

Michael S. Shore, SVP 3/21/03 954-308-4200

CR2E034 (10/02)