

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010778

1. Entity Name  
FLEET MASTER SERVICES, INC.Principal Place of Business  
13550 CITRUS GROVE BLVD  
ROYAL PALM BEACH FL 33412Mailing Address  
13550 CITRUS GROVE BLVD  
ROYAL PALM BEACH FL 334122. Principal Place of Business  
13550 CITRUS GROVE BLVD.3. Mailing Address  
13550 CITRUS GROVE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
WEST PALM BEACH, FL  
Zip 33412City & State  
WEST PALM BEACH, FL  
Zip 334124. FEI Number  
65-0845839  
Applied For  
Not Applicable5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DICKERSON, RUSSELL E JR  
13550 CITRUS GROVE BLVD.  
ROYAL PALM BEACH FL 33412

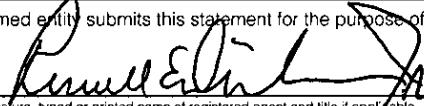
## 7. Name and Address of New Registered Agent

Name DICKERSON, RUSSELL E. JR.

Street Address (P.O. Box Number is Not Acceptable)  
13550 CITRUS GROVE BLVD.

City WEST PALM BEACH, FL Zip Code 33412

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 3/10/02

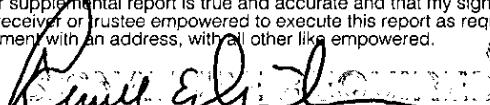
9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKERSON, RUSSELL JR 13550 CITRUS GROVE BLVD ROYAL PALM BEACH FL 33412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DICKERSON, RUSSELL E. JR. 13550 CITRUS GROVE BLVD WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02

561-662-4926

Daytime Phone #