

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90019 043 ***150.00

0275956

DOCUMENT # P98000011689

1. Entity Name

FLEET INFORMER, INC.

Principal Place of Business

4520 NE 18 AVE
STE 101
FT LAUDERDALE FL 33334

Mailing Address

4520 NE 18 AVE
STE 101
FT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

7320 Griffin Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

212

City & State

City & State

Davie FL

Zip

Country

Zip

33314

Country

USA

4. FEI Number

65-0805491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALONEY, FRANCIS X
4520 NE 18 AVE
STE 101
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

Raymond J. Skelton

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

7320 Griffin Rd.

City

Suite 212

Davie

FL

Zip Code

33314

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

Raymond J. Skelton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-2001

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	PST	<input type="checkbox"/> Delete
NAME	MALONEY, FRANCIS X	
STREET ADDRESS	4520 NE 18 AVE STE 101	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALONEY, LINDA L	
STREET ADDRESS	4520 NW 18 AVE ST 101	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7320 Griffin Rd. #212	
CITY-ST-ZIP	Davie, FL 33314	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7320 Griffin Rd #212	
CITY-ST-ZIP	Davie, FL 33314	
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] President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

954-410-6443

Date

Daytime Phone #

CR2E034 (10/00)