

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90025 038 ***150.00

DOCUMENT # P98000011689

1. Entity Name

FLEET INFORMER, INC.

Principal Place of Business

**4520 NE 18 AVE
 STE 101
 FT LAUDERDALE FL 33334**

Mailing Address

**7320 GRIFFIN RD
 STE 212
 DAVIE FL 33314**

2. Principal Place of Business

3245 Peachtree Parkway

Suite, Apt. #, etc.
D-262

City & State

Suwanee, Georgia

Zip
30024

Country
USA

3. Mailing Address

3335 N. University Drive

Suite, Apt. #, etc.
Suite 8

City & State

Hollywood, Florida

Zip
33024

Country
USA



DO NOT WRITE IN THIS SPACE

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

**SKELTON, RAYMOND J
 7320 GRIFFIN RD
 STE 212
 DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name

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

3335 N. University Drive - Suite 8

City **Hollywood**

FL

Zip Code **33024**

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, CPA

1-16-2002

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, 2002 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** ☐ Delete
 NAME **MALONEY, FRANCIS X**
 STREET ADDRESS **7320 GRIFFIN RD 212**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **D** ☐ Delete
 NAME **MALONEY, LINDA L**
 STREET ADDRESS **7320 GRIFFIN RD 212**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

1/24/02

Date

Daytime Phone #

0321247 AV

CR2E034 (9/01)