

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-03-2003 90105 043 \*\*\*150.00

**DOCUMENT # P98000011689**

1. Entity Name  
**FLEET INFORMER, INC.**



Principal Place of Business  
**3245 PEACHTREE PKWY  
D-262  
SUWANEE GA 30024**

Mailing Address  
**3335 N. UNIVERSITY  
STE 8  
HOLLYWOOD FL 33024**

2. Principal Place of Business  
**4335 WOODWARD WAY**

3. Mailing Address  
**3349 N. University Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**CUMMING, GA**

City & State  
**Hollywood, FL**

Zip Country  
**30041 USA**

Zip Country  
**33024 Broward**

4. FEI Number **65-0805491**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SKELTON, RAYMOND J  
3335 N. UNIVERSITY DR  
STE 8  
HOLLYWOOD FL 33024**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3349 N. University Drive**  
**Suite 6**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Raymond J. Skelton**  
Signature typed or printed name of registered agent and title if applicable.

**Raymond J. Skelton**  
(NOTE: Registered Agent signature required when reinstating)

**1/6/2003**  
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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4335 WOODWARD WAY**  
CITY-ST-ZIP **CUMMING, GA 30041**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4335 WOODWARD WAY**  
CITY-ST-ZIP **CUMMING, GA 30041**

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/03**

Date

Daytime Phone #

CR2E034 (10/02)