

2001 UNIFORM BUSINESS REPORT (UBR)

0116036

DOCUMENT # P98000060813

1. Entity Name

AUTOMOTIVE FLEET MANAGEMENT CORPORATION

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -6 PM 2: 56

Principal Place of Business

1223 S 21ST AVE
HOLLYWOOD FL 33020

Mailing Address

17922 S.W. 33RD ST.
MIRAMAR FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0849092

Applied For

Not Applicable

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

MORDEN, GLYN H
17922 S.W. 33RD ST.
MIRAMAR FL 33029

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.

SIGNATURE

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

GLYN H MORDEN
(NOTE: Registered Agent signature required when reinstating)

03-08-01
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROYALL, RAYMOND D
17922 SW 33RD ST
MIRAMAR FL 33029 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MORDEN, GLYN H
18459 PINES BLVD
PEMBROKE PINES FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
8000004439818--0
--06/25/01--01071--022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
KRYSAK, KARYL
1540 NW 99TH AVE
PLANTATION FL 33322 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
S. MICHELLE NICHOLS
1912 KINGSWOOD CT
ANNAPOLIS, MD 21401 ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 or other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/01 954 9221860
Date Daytime Phone #

CR2E034 (10/00)