2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P99000013701

Mailing Address

3761 TOWNSEND OAK COURT

JACKSONVILLE FL 32277

1. Entity Name

FLEET FUEL 24 INC.

Principal Place of Business

JACKSONVILLE FL 32277

3761 TOWNSEND OAK COURT



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90054 001 ***150.00

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Suite, Apt. #, etc. City & State
City & State TAX
Signature. Signature of printed name of registered agent. File NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Defended by the Addition of Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE NAME Sire Additional Fee Required 7. Name and Address of New Registered Agent Name Sire Additional Fee Required 7. Name and Address of New Registered Agent Name Sire Address (P.O. Box Number is Not Acceptable) City FL Zip Code Signature. Signature required when renetating) DATE P OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS TITLE TOWNSEND OAK COURT JACKSONVILLE FL 32277 Date TITLE NAME STREET ADDRESS TITLE TOWNSEND OAK COURT JACKSONVILLE FL 32277 Date OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS TITLE TOWNSEND OAK COURT JACKSONVILLE FL 32277 Date OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE JACKSONVILLE FL 32277 Date OCtange Addition Addition
Name MURRAY, R.P. JR. 3761 TOWNSEND OAK COURT JACKSONVILLE FL 32277 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature. The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature typed or printed name of registered agent of title it applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME MURRAY, R P JR STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE TOWNSEND OAK COURT JACKSONVILLE FL 32277 Date: STREET ADDRESS TITLE TOWNSEND OAK COURT JACKSONVILLE FL 32277 Date: STREET ADDRESS TITLE Addition OFFICERS AND COURT JACKSONVILLE FL 32277 Date: STREET ADDRESS TITLE Addition OFFICERS AND COURT JACKSONVILLE FL 32277 Date: STREET ADDRESS TITLE Addition OFFICERS AND COURT JACKSONVILLE FL 32277 Date: OCTIVE TOWNSEND OAK COURT JACKSONVILLE FL 32277 Date: STREET ADDRESS TITLE Addition OFFICERS AND COURT JACKSONVILLE FL 32277 Date: STREET ADDRESS TITLE Addition OFFICERS AND COURT JACKSONVILLE FL 32277 Date: OCTIVE TOWNSEND OAK COURT JACKSONVILLE FL
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii).

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:

Date

Daytime Phone #