

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023751

1. Entity Name

CLEVELAND SERVICE STATIONS INC.

Principal Place of Business

4704 GOLDEN GATE PARKWAY
NAPLES FL 34116

Mailing Address

4704 GOLDEN GATE PARKWAY
NAPLES FL 34116-6902

2. Principal Place of Business

1101 ROSEMARY CT

3. Mailing Address

1101 ROSEMARY CT

Suite, Apt. #, etc.

#A104

Suite, Apt. #, etc.

#A104

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34103

Country

Zip

34103

Country

4. FEI Number

65-0923012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STETLER, RONALD L
7342 STONEGATE DRIVE
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

RONALD L STETLER

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

8889 PELICAN BAY BLVD

SUITE 300

City

NAPLES

FL

Zip Code
34108

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

Ronald L Stetler

Ronald L Stetler

4/28/00

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, 2000 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	<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	
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	COB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHLEY, WAYNE	
STREET ADDRESS	1101 ROSEMARY CT #A104	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERKINS, F. MARRELL	
STREET ADDRESS	14275 LAUREL TR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NALE, STEVE	
STREET ADDRESS	14400 SW 30TH CT	
CITY-ST-ZIP	DAVIE FL 33330	
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:

Wayne C Ashley *Wayne C Ashley chairman* 4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90208 009 ***150.00