

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90128 032 ***158.75

DOCUMENT # P99000068506

1. Entity Name

FLEET AUTOMOTIVE INSTRUMENTS, INC.

Principal Place of Business

6971 NORTH FEDERAL HIGHWAY
SUITE 405
BOCA RATON FL 33487

Mailing Address

6971 NORTH FEDERAL HIGHWAY
SUITE 405
BOCA RATON FL 33487-1617

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

65-0943606

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

MCELROY, ROBERT
5301 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON FL 33487

Name McElroy, Robert C. Ph.D.
Street Address (P.O. Box Number is Not Acceptable)
6971 N Federal Highway
Suite 405
City Boca Raton FL 33487

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
MCELROY, ROBERT
STREET ADDRESS **6971 NORTH FEDERAL HIGHWAY SUITE 405**
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE ☐ Delete
NAME **D**
MCELROY, AGNES
STREET ADDRESS **6971 NORTH FEDERAL HIGHWAY SUITE 405**
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE ☐ Delete
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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

Date

Daytime Phone #

CR2E034 (9/99)