

2000 UNIFORM BUSINESS REPORT (UBR)

0002207 AF

DOCUMENT # L99000006249

1. Entity Name
DL LEASING FLORIDA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 PM 1:19

Principal Place of Business 7914 WILES ROAD CORAL SPRINGS FL 33067	Mailing Address 7914 WILES ROAD CORAL SPRINGS FL 33067-2071
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4331516	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DOUGLASS, SCOTT
7500 NW 21ST COURT
MARGATE FL 33063

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER SCOTT J. DOUGLASS 7500 NW 21 COURT MARGATE, FL. 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	3/13/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER RANDALL S. LEAVY 1525 MIRAVISTA CIRCLE WESTON, FL. 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	600003169126-8 -03/14/00-01082-024 *****50.00 *****50.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Scott J. Douglass 2-25-2000 954-344-7994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)