

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88731

1. Entity Name

GENERAL EQUIPMENT LEASING CORPORATION

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90091 043 ***150.00

Principal Place of Business

Mailing Address

819 BAYSHORE BOULEVARD
TAMPA FL 33606
US

819 BAYSHORE BOULEVARD
TAMPA FL 33629-4939
US

2. Principal Place of Business

4047 HENDERSON BLVD

3. Mailing Address

4047 HENDERSON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
33629

Country
HILLSBOROUGH

Zip
33629

Country
HILLSBOROUGH

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

MOSELEY, WAYNE
819 BAYSHORE BOULEVARD
TAMPA FL 33606

Name
MOSELEY, WAYNE

Street Address (P.O. Box Number is Not Acceptable)
4047 HENDERSON BLVD.

City
TAMPA

FL

Zip Code
33629

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



WAYNE MOSELEY, PRESIDENT/REGISTERED AGENT

4/5/00

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 NAME STREET ADDRESS CITY-ST-ZIP | DVP MOSELEY, WAYNE J 819 BAYSHORE BLVD TAMPA FL | <input checked="" type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P MOSELEY, WAYNE J. 4047 HENDERSON BLVD. TAMPA, FL 33629 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

WAYNE J. MOSELEY

4/5/00

Date

813-637-8890

Daytime Phone #