

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 389414

1. Entity Name  
WAREHOUSE LEASING, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90038 014 \*\*\*150.00

Principal Place of Business 3625 PEMBROKE ROAD C2 HOLLYWOOD FL 33021 US	Mailing Address 3625 PEMBROKE ROAD C2 HOLLYWOOD FL 33021-8267 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number **59-1364329**  
Applied For  Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SIKES, SHARON L.**  
**3625 PEMBROKE RD #C-2**  
**HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent  
Name **NEAL G. CHAMBERS**  
Street Address (P.O. Box Number is Not Acceptable)  
**3625 PEMBROKE Rd, # C-2**  
City **Hollywood** FL Zip Code **33021**

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 *Neal G. Chambers* **NEAL G. CHAMBERS, VICE PRESIDENT** 3-9-2000  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>SIKES, SHARON L.</b> <b>3625 PEMBROKE RD C-6</b> <b>HOLLYWOOD FL 33021</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CHAMBERS, NEAL G</b> <b>3625 PEMBROKE RD #C-2</b> <b>HOLLYWOOD FL 33021</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Neal G. Chambers* **NEAL G. CHAMBERS** 3-9-2000 954-981-7680  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)