

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

Mailing Address

3625 PEMBROKE ROAD
C2
HOLLYWOOD FL 33021
US

3625 PEMBROKE ROAD
C2
HOLLYWOOD FL 33021-8267
US

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

59-1364329

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

SIKES, SHARON L.
3625 PEMBROKE RD #C-2
HOLLYWOOD FL 33021

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME SIKES, SHARON L.
STREET ADDRESS 3625 PEMBROKE RD C-6
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

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

TITLE V
NAME CHAMBERS, NEAL G
STREET ADDRESS 3625 PEMBROKE RD #C-2
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Neal G. Chambers NEAL G. CHAMBERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2000

Date

954-981-7680

Daytime Phone #

CR2E034 (9/99)