

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 430802

1. Entity Name

EXECUTIVE CAR & TRUCK LEASING, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90014 035 ***150.00

Principal Place of Business

2235 OKEECHOBEE ROAD
 WEST PALM BEACH FL 33409-4112

Mailing Address

2235 OKEECHOBEE ROAD
 WEST PALM BEACH FL 33409-4112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1056350**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEAN, PATRICIA B
 2235 OKEECHOBEE BLVD.
 WEST PALM BEACH FL 33409

Name **Tanen, Jeffrey S. ESQ**
 Street Address (P.O. Box Number is Not Acceptable) **40 Goldstein + Tanen, P.A.**
2 South Biscayne Blvd Suite 3250
 City **Miami** FL Zip Code **33131**

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 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	S	<input type="checkbox"/> Delete
NAME	SO THEN, JULIE M	
STREET ADDRESS	11878 STURBRIDGE LANE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DEAN, PATRICIA B	
STREET ADDRESS	240 SANFORD AVE.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEAN, ROGER	
STREET ADDRESS	1057 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sothen, Julie M.	
STREET ADDRESS	2225 Okeechobee Boulevard	
CITY-ST-ZIP	West Palm Beach Florida 33409	
TITLE	President/Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dean, Patricia B.	
STREET ADDRESS	2235 Okeechobee Boulevard	
CITY-ST-ZIP	West Palm Beach Florida 33409	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Collins, Harry	
STREET ADDRESS	2235 Okeechobee Boulevard	
CITY-ST-ZIP	West Palm Beach Florida 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 PATRICIA B DEAN

2-24-2000

Date

561-6838100

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR