

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 460949

1. Entity Name

AMERICAN EQUIPMENT LEASING CORP.

Principal Place of Business

Mailing Address

3011 GOLFVIEW DR  
VERO BEACH FL 32960  
US

3011 GOLFVIEW DR  
VERO BEACH FL 32960-4990  
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 59-1645565

Applied For  
Not Applied

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

ECKHARDT, WILLIAM R  
3011 GOLFVIEW DRIVE  
VERO BEACH FL 32960

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

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	SDVT	<input type="checkbox"/> Delete
NAME	ECKHARDT, WILLIAM R	
STREET ADDRESS	3011 GOLFVIEW DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ECKHARDT, WILLIAM R	
STREET ADDRESS	3011 GOLFVIEW DR.	
CITY-ST-ZIP	VERO BEACH, FL 32960 32960	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90009 017 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

Jan 3rd 2000 561  
962-414