

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000829

1. Entity Name

HRT LEASING, LIMITED

FILED

00 JAN 27 PM 3:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 101 ALTURAS BABSON PARK CUTOFF ROAD LAKE WALES FL 33853	Mailing Address C/O THOMAS E. OAKLEY 101 ALTURAS BABSON PARK CUTOFF ROAD LAKE WALES FL 33853
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2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3439791		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OAKLEY, THOMAS E
101 ALTURAS BABSON PARK CUTOFF ROAD
LAKE WALES FL 33853**

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. Capital Contributions as Shown on record. \$297.00	10. Amount of Capital Contributions in FLORIDA to date. \$297.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000033481 HRT LEASING, INC. 101 ALTURAS BABSON PARK CUTOFF ROAD LAKE WALES FL 33853	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	300003121523--6 -02/02/00--01101--014 ****158.75 ****158.75
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE  **THOMAS E. OAKLEY** 1/20/2000 863-638-1435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #