

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002797

1. Entity Name

APPLEWAY EQUIPMENT LEASING, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90095 019 ***150.00

Principal Place of Business

Mailing Address

8414 E SPRAGUE AVE
SPOKANE WA 99212

PO BOX 13098
SPOKANE WA 99213-3098

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

91-0980203

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☐ Delete
NAME PRING, TIMOTHY S
STREET ADDRESS E 7706 WOODVIEW
CITY-ST-ZIP SPOKANE WA 99212

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2819 S. Park Lane
CITY-ST-ZIP

TITLE DVCP ☐ Delete
NAME PRING, BRADLEY T
STREET ADDRESS E 7925 GUNNING DR
CITY-ST-ZIP SPOKANE WA 99212

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 911 E. Riverside Harbor Dr.
CITY-ST-ZIP Post Falls, ID 83854

TITLE DT ☐ Delete
NAME OWSLEY, KIRK M
STREET ADDRESS 12707 N MUZZY RD
CITY-ST-ZIP NEWMAN LAKE WA

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

TITLE D ☐ Delete
NAME KLOTZ, MICHAEL R
STREET ADDRESS W.2005 TONI RAE
CITY-ST-ZIP SPOKANE WA 99218

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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:

Bradley T. Pring Sec.

01-19-00

509-927-1288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)