

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004826

1. Entity Name

NATIONAL AUTO LEASE, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90006 013 ***150.00

805138



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3677 MAIN ST.
HILLIARD OH 43026

3677 MAIN ST.
HILLIARD OH 43026-1326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1483308**

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

MCCABE, THOMAS J
121 BIMINI CT.
PONTE VEDRA BEACH FL 32081

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32082

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 PDC ☐ Delete
NAME ROPER, STEVEN W
STREET ADDRESS 2382 CLOVER BLOSSOM CT.
CITY-ST-ZIP GROVE CITY OH 43123

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

TITLE VDC ☐ Delete
NAME MCCABE, THOMAS J
STREET ADDRESS 121 BIMINI CT.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32081

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

TITLE SD ☐ Delete
NAME MCCABE, JEFFREY
STREET ADDRESS 303 HIGHMEADOW VILLAGE DR.
CITY-ST-ZIP POWELL OH 43065

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

TITLE TD ☐ Delete
NAME ROPER, JOSEPH R
STREET ADDRESS ROPER, JOE R 5386 Meadow Grove Drive
CITY-ST-ZIP GROVE CITY OH 43123

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)