

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003713

1. Entity Name

LESLIE TRAILER SALES AND RENTALS, INC.

Principal Place of Business

256 N. KENTUCKY AVE.
SUITE ~~201~~ 102
LAKELAND FL 33801-1051

Mailing Address

256 N. KENTUCKY AVE.
SUITE ~~201~~ 102
LAKELAND FL 33801-1051

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite # 102

Suite, Apt. #, etc.

Suite # 102

City & State

City & State

Zip

Country

33801-4976

Zip

Country

33801-4976

4. FEI Number

38-2705134

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

LESLIE, DWIGHT
106 EAST PINE STREET
LAKELAND FL 33801

Name

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

256 North Kentucky Ave
Suite # 102

City

FL

Zip Code

33801-4976

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]

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, 2001 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 PS
NAME DWIGHT EARL LESLIE
STREET ADDRESS 419 LAKE HOLLINGSWORTH DRIVE
CITY-ST-ZIP LAKELAND FL 33803-2362 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/2001

Daytime Phone #

863-

686-8111



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)