

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90110 005 ***163.75

DOCUMENT # F99000003713

1. Entity Name
LESLIE TRAILER SALES AND RENTALS, INC.



Principal Place of Business
**256 N. KENTUCKY AVE.
SUITE 102
LAKELAND FL 33801-4976**

Mailing Address
**256 N. KENTUCKY AVE.
SUITE 102
LAKELAND FL 33801-4976**

20002192



2. Principal Place of Business
1340 Jefferson Dr.
Suite, Apt. #, etc.

3. Mailing Address
1340 Jefferson Dr.
Suite, Apt. #, etc.

City & State
Lakeland

City & State
Lakeland

4. FEI Number **38-2705134**

Applied For
Not Applicable

Zip **33803-2357** Country **FL**

Zip **33803-2357** Country **FL**

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
256 NORTH KENTUCKY AVE
STE 102
LAKELAND FL 33801-4976**

Name
Street Address (P.O. Box Number is Not Acceptable)
1340 Jefferson Drive
City **Lakeland** FL Zip Code **33803-2357**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dwight Leslie* **DWIGHT LESLIE** **Jan. 6, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☒ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **DWIGHT EARL LESLIE**
STREET ADDRESS **1340 JEFFERSON DRIVE**
CITY-ST-ZIP **LAKELAND FL 33803-2397**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dwight Leslie* **DWIGHT LESLIE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2003 **863-686-8111**
Date Daytime Phone #

CR2E034 (10/02)