

# 2000 UNIFORM BUSINESS REPORT (UBR)

1.

**FILED**

**Apr 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90093 007 \*\*\*150.00

**DOCUMENT # H34818**

1. Entity Name

**ATLANTIC DIVISIONS EQUIPMENT LEASING, INC.**

Principal Place of Business

4750 HIGHWAY AVENUE  
JACKSONVILLE FL 32254  
US

Mailing Address

4750 HIGHWAY AVENUE  
JACKSONVILLE FL 32254-3788  
US

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

59-2620822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARGRAVES, J. CAROLYN  
14882 PLUMOSA DRIVE  
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name Julian A. Wood

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

City Jacksonville, FL Zip Code 32204

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

2/23/2000

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

TITLE V ☐ Delete  
NAME HARGRAVES, J. CAROLYN  
STREET ADDRESS 14882 PLUMOSA DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ Delete  
NAME WOOD, JULIAN A.  
STREET ADDRESS 14433 RUM KEG CT  
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ Delete  
NAME WOOD, WANDA  
STREET ADDRESS 14433 RUM KEG CT  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

904.387.2699

Daytime Phone #

CR2034 (9/99)