

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # H80758

1. Entity Name

SERVICE LEASING CORP.

FILED
Jun 09, 2000 8:00 am
Secretary of State

05-09-2000 90096 012 ***150.00

Principal Place of Business

612 SW PT ST LUCIE BLVD
PT. ST. LUCIE FL 34953
US

Mailing Address

P.O. BOX 7392
PT. ST. LUCIE FL 34985-7392
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 65-0182271

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

GUTERL, ELLEN J.
612 SW PT ST LUCIE BLVD
PT. ST. LUCIE FL 34953

Name D'LOUGHY, DANIEL J
Street Address (P.O. Box Number is Not Acceptable)
~~P.O. Box 7392~~
612 SW Port St. Lucie Blvd
City Port St Lucie FL Zip Code 34985

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.

34953

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 DP
NAME GUTERL, ELLEN
STREET ADDRESS 612 S.W. PORT ST. LUCIE BLVD.
CITY-ST-ZIP PORT. ST. LUCIE FL

TITLE D. Pres
NAME D'LOUGHY, DANIEL J
STREET ADDRESS 612 SW Port St. Lucie Blvd
CITY-ST-ZIP P.O. BOX 7392 Port St Lucie, FL 34985-7392

TITLE VP
NAME D'LOUGHY, DANIEL J
STREET ADDRESS P.O. BOX 7392
CITY-ST-ZIP PORT ST LUCIE FL 34985

TITLE VP
NAME Ellen Guterl
STREET ADDRESS P.O. Box 7660 612 SW Port St. Lucie Blvd
CITY-ST-ZIP Port St Lucie, FL 34985-34953

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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/2000 561-878-2575

CR2E03E(9/99)