

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90002 021 ***150.00

DOCUMENT # **H94268**

1. Entity Name

3-T LEASING INC.

Principal Place of Business

Mailing Address

**W DR M.L.KING JR BLVD
CITY FL 33566-5150**

**1001 W DR. M.L.KING JR BLVD
PLANT CITY FL 33566
US**

00000012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2809921

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

Name

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

City

FL

Zip Code

**VENKITESWARAN, V.
2908 FOREST CLUB DR.
PLANT CITY FL 33566**

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------|--------------------------|---|-------------------------------------|
| | C | KAVARANA, F K | 24 HOMI MODI ST BOMBAY IN | <input type="checkbox"/> |
| | D | VENKITESWARAN, V. | 2908 FOREST CLUB DR. PLANT CITY FL | <input type="checkbox"/> |
| | CD | SETH, D. S. | HOMI MODY ST. #24 BOMBAY 40001 INDIA | <input checked="" type="checkbox"/> |
| | D | MCCLOSKEY, JOHN | 2601 SCHORTZ AVE. BRONX NY | <input type="checkbox"/> |
| | D | ASHCROFT, L.D. | PO BOX 1526 N/A TRUTH OR CONSEQUENCES NM | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|----------|---------------------------|--|---------------------------------|--|
| | D | Krishnakumar, R.K. | Mahatma Gandhi Road Mumbai, India | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

CR2E034 (9/99)

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 #

4/24/00

(813) 754-2602