

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J59602**

1. Entity Name  
**NEXUS LEASING CORPORATION**

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90005 014 \*\*\*150.00

Principal Place of Business <b>1908 S CONGRESS AVE STE 400 BOYNTON BEACH FL 33426 US</b>	Mailing Address <b>1908 S CONGRESS AVE STE 400 BOYNTON BEACH FL 33426-6561 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1903 S. Congress Avenue</b> Suite, Apt. #, etc. <b>Suite 400</b> City & State <b>Boynton Beach, FL</b> Zip <b>33426</b>	3. Mailing Address <b>1903 S. Congress Avenue</b> Suite, Apt. #, etc. <b>Suite 400</b> City & State <b>Boynton Beach, FL</b> Zip <b>33426</b>
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4. FEI Number <b>11-2611981</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MORRELL, MICHAEL F.  
1908 S CONGRESS AVE  
STE 400  
BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent  
Name  
~~XXXXXXXXXXXXXXXXXXXX~~  
Street Address (P.O. Box Number is Not Acceptable)  
**1903 S. Congress Avenue**  
Suite 400  
City  
**Boynton Beach FL 33426**

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 \_\_\_\_\_ (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	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>MORRELL, MICHAEL F.</b>	
STREET ADDRESS <b>355 NE 5TH AVE #4</b>	
CITY-ST-ZIP <b>PELAY BEACH FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>MORRELL, MICHAEL F.</del>	
STREET ADDRESS <b>1903 S. Congress Avenue, Ste.400</b>	
CITY-ST-ZIP <b>Boynton Beach, FL 33426</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael Morrell **Michael Morrell** April 14, 2000 **561-737-2227**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E034 (9/99)