2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90091 043 ***150.00

DOCUMENT # J88731

1. Entity Name

GENERAL EQUIPMENT LEASING CORPORATION

Principal Place of Business	Mailing Address
819 BAYSHORE BOULEVARD TAMPA FL 33606 US	819 BAYSHORE BOULEVARD TAMPA FL 33629-4939 US

718190

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4047 HENDERSON BLVD	4047 HENDERSON BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33629 Country: HILLSBOROUGH	Zip: 33629 Country: HILLSBOROUGH

4. FEI Number: NOT APPLICABLE ☐ 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
MOSELEY, WAYNE 819 BAYSHORE BOULEVARD TAMPA FL 33606	Name: MOSELEY, WAYNE Street Address (P.O. Box Number is Not Acceptable): 4047 HENDERSON BLVD. City: TAMPA FL Zip Code: 33629

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] WAYNE MOSELEY, PRESIDENT/REGISTERED AGENT 4/5/00
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	DVP MOSELEY, WAYNE J 819 BAYSHORE BLVD TAMPA FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MOSELEY, WAYNE J. 4047 HENDERSON BLVD. TAMPA, FL 33629	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] WAYNE J. MOSELEY 4/5/00 813-637-8890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #