

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L45404**

1. Entity Name

**D.S.L. LEASING OF FLORIDA, INC.**

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90348 012 \*\*\*150.00

Principal Place of Business

Mailing Address

**2501 ROCKFILL ROAD  
FT. MYERS FL 33916**

**2501 ROCKFILL ROAD  
FT. MYERS FL 33916-4823**

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

**65-0266849**

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

**THE PRENTICE-HALL CORP. SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

Name

**Robert L. Pollack, P.A.**

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

**11983 N. Tamiami Trail #101-102**

City

**Naples**

FL

Zip Code

**33963**

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

*Robert L. Pollack, P.A.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/28/00**

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	DPT	<input type="checkbox"/> Delete
NAME	CROWTHER, LEE J. SR.	
STREET ADDRESS	2501 ROCKFILL ROAD	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CROWTHER, SCOTT S.	
STREET ADDRESS	18958 AIRPORT ROAD	
CITY-ST-ZIP	LOCKPORT IL 60441	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CALLANS, THOMAS S	
STREET ADDRESS	2501 ROCKFILL ROAD	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

*Thomas S. Callans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Assistant Secretary* **4/28/00** **941-337-1300**  
Date Daytime Phone #

CR2E034 (9/99)