

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L52887**

1. Entity Name

**TRIANGLE LEASING OF FLORIDA, INC.**

Principal Place of Business

**717 CAMANN ST  
GREENSBORO NC 27407  
US**

Mailing Address

**717 CAMANN ST  
GREENSBORO NC 27407-1501  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GRAY, ELIHEW  
33 LANE AVE SOUTH  
JACKSONVILLE FL 32254**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	CLINE, DOUGLAS D	717 CAMANN ST	GREENSBORO NC	<input type="checkbox"/>
PM	JACKSON, JOE A	717 CAMANN ST	GREENSBORO NC	<input type="checkbox"/>
VD	GRAY, ELIHEW	33 LANE AVE SOUTH	JACKSONVILLE FL	<input type="checkbox"/>
VD	CRUTHIS, JEFFREY	717 CAMANN ST	GREENSBORO NC	<input type="checkbox"/>
STD	CLINE, SHARON A	717 CAMANN ST	GREENSBORO NC	<input type="checkbox"/>
VT	WRIGHT, JOED B JR	717 CAMANN ST	GREENSBORO NC 27407	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input 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"/>	<input type="checkbox"/>

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: Joe Jackson Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/11/00

Daytime Phone #

336-855-1355**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90125 005 \*\*\*150.00

**822846**

DO NOT WRITE IN THIS SPACE