

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000665

1. Entity Name

DUCAT EQUIPMENT LEASING CO., L.C.

FILED

00 MAR 14 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2010 DUNDEE RD.  
WINTER HAVEN FL 33884

Mailing Address

2010 DUNDEE RD.  
WINTER HAVEN FL 33884-1103

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

59-3301729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DUCAT, MARIANNE L  
3106 CYPRESS WOOD BLVD  
WINTER HAVEN FL 33884

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete  
MEM DUCAT, MARIANNE L  
STREET ADDRESS 3106 CYPRESS WOOD BLVD  
CITY - ST - ZIP WINTER HAVEN FL 33884

TITLE NAME ☐ Delete  
MGRM M. L. DUCAT ENTERPRISES, INC.  
STREET ADDRESS 3106 CYPRESS WOOD BLVD  
CITY - ST - ZIP WINTER HAVEN FL 33884

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800003193728--9  
CITY - ST - ZIP -04/03/00--01118--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Marianne L Ducat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)