2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN 23 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000426

1. Entity Name
A AAMERICAN TRAILER & CONTAINER LEASING, LLC

Principal Place of Business	Mailing Address
708 COUNTRY CLUB DRIVE TAMPA FL 33612	708 COUNTRY CLUB DRIVE TAMPA FL 33612-5628

DO NOT WRITE IN THIS SPACE

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 59-3554566 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~HODGES, GREGORY TODD ESQ.~~
400 NORTH TAMPA STREET, SUITE 2630
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: DALE R. PAYNE
Street Address (P.O. Box Number is Not Acceptable): 708 COUNTRY CLUB DR.
City: TAMPA FL Zip Code: 33612

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: Dale R Payne DATE: 4-28-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYNE, DALE R 708 COUNTRY CLUB DRIVE TAMPA FL 33612 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003313476--2 -07/05/00--01093--005 *****50.00 *****50.00
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

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: SIGNATURE REQUIRED Dale R Payne — 4-28-00 — (813) 610-7313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #