

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90105 003 \*\*\*150.00

**DOCUMENT #** **P38525**  
**1. Entity Name**  
 EVERGREEN EQUIPMENT AND PERSONNEL LEASING, INC.

**Principal Place of Business**  
 ONE ENTERPRISE DRIVE  
 ALISO VIEJO, CA 92656

**Mailing Address**  
 ONE ENTERPRISE DRIVE  
 F2B  
 ALISO VIEJO, CA 92656-2606

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 05-0451992  
 Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 NRAI SERVICES, INC.  
 526 EAST PARK AVE.  
 TALLAHASSEE, FL 32301

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	McNAMARA, R.	NAME	
STREET ADDRESS	ONE ENTERPRISE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	JAMISON, L.	NAME	
STREET ADDRESS	ONE ENTERPRISE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	CARANCI, C.	NAME	
STREET ADDRESS	ONE ENTERPRISE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	FISHER, L.N.	NAME	
STREET ADDRESS	ONE ENTERPRISE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** T.H. MORROW  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/03/2000 Daytime Phone # (949) 349-4031

CR2E034 (9/99)