

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90179 045 ***150.00

DOCUMENT # P38525
1. Entity Name
 EVERGREEN EQUIPMENT & Personnel LEASING ✓

Principal Place of Business Mailing Address
 ONE ENTERPRISE DR.
 ALISO VIEJO, CA 92656

2. Principal Place of Business **3. Mailing Address**
 ONE ENTERPRISE DR. ONE ENTERPRISE DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 ALISO VIEJO, CA ALISO VIEJO, CA
Zip **Country** **Zip** **Country**
 92656 92656

4. FEI Number **Applied For**
 05-0451922 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A0065453

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 526 E. 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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	R. McNamara	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO, CA. 92656	
TITLE	SECRETARY and TREASURER	<input type="checkbox"/> Delete
NAME	C. CARANCI	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Delete
NAME	L.N. FISHER	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	ASST. TREASURER	<input type="checkbox"/> Delete
NAME	MIN C. TSENG	
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:  **MIN C. TSENG** **4/24/01** **949.349-6091**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)