

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40458

1. Entity Name

VICOM LEASING COMPANY

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90085 001 ***150.00

Principal Place of Business

Mailing Address

13654 NO 12TH ST
STE 4
TAMPA FL 33613
US

13654 NO 12TH ST
STE 4
TAMPA FL 33613-4259
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 16-1421975

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUANE, MARK
3802 EHRlich ROAD, SUITE 401
TAMPA FL 33624
33613

Name MARK RUANE
Street Address (P.O. Box Number is Not Acceptable) 13654 N. 12th STREET SUITE 4
City TAMPA FL Zip Code 33613

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/9/00

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	V	<input type="checkbox"/> Delete
NAME	RUANE, MARK	
STREET ADDRESS	5328 BRADBURY CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARTNETT, CHRISTINE	
STREET ADDRESS	5304 RIDGEWALL CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SMITH, LYNN H., ESQ.	
STREET ADDRESS	500 PLUM STREET, #600	
CITY-ST-ZIP	SYRACUSE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	612 Halliewood Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Temple Terrace	
STREET ADDRESS	FL 33617	
CITY-ST-ZIP		
TITLE	612 Halliewood	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Temple Terrace	
STREET ADDRESS	FL 33617	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)