

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006399

1. Entity Name

MICROTECH LEASING INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90386 010 ***150.00

Principal Place of Business

Mailing Address

3008 W CLINTON ST
TAMPA FL 33614
US

3008 W CLINTON ST
TAMPA FL 33614-3439
US

2. Principal Place of Business

2818 W. BROAD ST

3. Mailing Address

2818 W. BROAD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

4. FEI Number

59-3298771

Applied For

Not Applicable

Zip

33614

Country

HILLSBOROUGH

Zip

33614

Country

HILLSBOROUGH

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

VIGIL, MATTHEW A.
3008 W CLINTON ST
TAMPA FL 33614

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

2818 W. BROAD ST

City

TAMPA

FL

Zip Code

33614

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)

4/28/00
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 P ☐ Delete
NAME VIGIL, MATTHEW A
STREET ADDRESS 3008 W CLINTON ST
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Change ☐ Addition
NAME VIGIL, MATTHEW A.
STREET ADDRESS 2818 W. BROAD ST.
CITY-ST-ZIP TAMPA, FL 33614
Address only

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Matthew Vigil

Matthew Vigil

4/28/00

813-932-3813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)