

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084757

Entity Name
AMBER LEASING, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90044 002 ***150.00

Principal Place of Business SOUTH KISSIMMEE AVENUE FL 34761	Mailing Address 630 SOUTH KISSIMMEE AVENUE OCOE FL 34761-2742
Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

813599



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3352687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, LYNN W
2716 REW CIRCLE
SUITE 102
OCOE FL 34761

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution.</p> <p>\$5.00 May Be Added to Fees</p>

OFFICERS AND DIRECTORS

<p>D PETRO, DANIEL J 630 SOUTH KISSIMMEE AVENUE OCOE FL 34761</p> <p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Delete</p>
<p>D CARDEN, LAURA J 630 SOUTH KISSIMMEE AVENUE OCOE FL 34761</p> <p><input checked="" type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Delete</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Delete</p>
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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/99)