

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P950000 90570

1. Entity Name

American Leasing & Rentals, INC.

Principal Place of Business

Mailing Address Same

330 Hwy 27 N Dundee FL, 33838

2. Principal Place of Business

330 Hwy 27 N

Suite, Apt. #, etc.

3. Mailing Address

330 Hwy 27 N

Suite, Apt. #, etc.

City & State

Dundee FL

Zip

33838

Country

USA

City & State

Dundee FL

Zip

33838

Country

USA

4. FEI Number

59-3344759

Applied For

Not Applicable

5. Certificate of Status Desired X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

D0033111

6. Name and Address of Current Registered Agent

Johnson Charles

54 Perch St,

Hannice City FL, 33844

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

Charles B. Johnson 4-12-00

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

TITLE Johnson Charles ☐ Delete
NAME
STREET ADDRESS 330 Hwy 27 N,
CITY-ST-ZIP Dundee FL, 33838

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

Daytime Phone #

863-438-8226

CR2E034 (9/99)

Attachment
PA5000090570
D0033111

CHARLENE JOHNSON / AMERICAN LEASING RENT
330 HIGHWAY 27 NORTH
DUNDEE FL 33838

941 438 8226

Request taken by: whutchins
04-05-2000

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314