

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013970

1. Entity Name

CONTRACTOR LEASING & CONSULTING, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90180 014 ***150.00

Principal Place of Business

Mailing Address

20 S. WIND DR.
BELLEAIR FL 34640

451 CENTRAL PARK DR
LARGO FL 33771-2143

041000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12800 Indian Rocks Rd. 12800 Indian Rocks Rd.

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Largo, FL

Largo, FL

4. FEI Number

59-3364214

Applied For

Not Applicable

Zip

Country

Zip

Country

33574

Pinellas

33774

Pinellas

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

JENNINGS, THOMAS C III
28870 U.S. HIGHWAY 19
HODUSA TOWER, SUITE 408
CLEARWATER FL 34621-2564

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

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
NAME MCCORD, MIKE
STREET ADDRESS 12 SOUTH PINE CIRCLE
CITY-ST-ZIP BELLEAIR FL 34640 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(727) 573-1988

Daytime Phone #

CR2E034 (9/99)