

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075075

1. Entity Name

NICORE EQUIPMENT & LEASING, INC.

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90103 001 \*\*\*300.00

Principal Place of Business

Mailing Address

5415 N.W. 24TH STREET  
SUITE 102  
MARGATE FL 33065

5415 N.W. 24TH STREET  
SUITE 102  
MARGATE FL 33634-1318

2. Principal Place of Business

4897 W. WATERS AVE

3. Mailing Address

4897 W. WATERS AVE

Suite, Apt. #, etc.

Suite J

Suite, Apt. #, etc.

Suite J

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33634

Country

USA

Zip

33634

Country

USA

4. FEI Number

59-3464890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ROWE, JAMES  
100 2ND AVE SOUTH  
SUITE 400N  
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

LABARBERA, GIGI

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

4897 W. WATERS AVE, SUITE J

City

TAMPA

FL

Zip Code

33634

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 re-registering)

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

TITLE PD  
NAME HARBOUR, ROBERT M  
STREET ADDRESS 2302 WEST SWANN AVE  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE ST  
NAME LABARBERA, GIGI  
STREET ADDRESS 2302 WEST SWANN AVE  
CITY-ST-ZIP TAMPA, FL 33609 ☐ Delete

TITLE D  
NAME SMITH, TREVOR G  
STREET ADDRESS 2302 WEST SWANN AVE  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE D  
NAME HOOD, STEPHEN R  
STREET ADDRESS 2302 WEST SWANN AVE  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

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 PD  
NAME SPANGLER, JOHN F.  
STREET ADDRESS 4897 W. WATERS AVE. #J  
CITY-ST-ZIP TAMPA, FL 33634 ☐ Change ☒ Addition

TITLE STD  
NAME LABARBERA, GIGI  
STREET ADDRESS 4897 W. WATERS AVE. #J  
CITY-ST-ZIP TAMPA, FL 33634 ☒ Change ☐ Addition

TITLE D  
NAME SMITH, TREVOR G  
STREET ADDRESS 4897 W. WATERS AVE. #J  
CITY-ST-ZIP TAMPA, FL 33634 ☒ Change ☐ Addition

TITLE D  
NAME HOOD, STEPHEN R.  
STREET ADDRESS 4897 W. WATERS AVE. #J  
CITY-ST-ZIP TAMPA, FL 33634 ☒ Change ☐ Addition

TITLE D  
NAME HARBOUR, ROBERT M  
STREET ADDRESS 4897 W. WATERS AVE. #J  
CITY-ST-ZIP TAMPA, FL 33634 ☒ Change ☐ Addition

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

Date

813901 0019

Daytime Phone #

CP2E034 (9/99)