

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90003 023 ***150.00

DOCUMENT # P97000087246

1. Entity Name

FLEET TRUCK LEASING, INC.

Principal Place of Business	Mailing Address
1423 US HWY 301 S FL 33569	1971 W. LUMSDEN RD. #362 BRANDON FL 33511-8820

B0027828



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-3475193	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MCKINNEY, LARRY D 11315 MCMULLEN LOOP RIVERVIEW FL 33569

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 _____ (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	
TITLE	DP
NAME	MCKINNEY, LARRY D
STREET ADDRESS	11315 MCMULLEN LOOP
CITY-ST-ZIP	RIVERVIEW FL 33569
	<input type="checkbox"/> Delete
TITLE	DV
NAME	MCKINNEY, PEGGY C
STREET ADDRESS	11315 MCMULLEN LOOP
CITY-ST-ZIP	RIVERVIEW FL 33569
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DIRECTOR, VP, SECRETARY
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

SIGNATURE: Peggy C McKinney 2/22/00 813 677 6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #