

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005090

1. Entity Name

AP EQUIPMENT LEASING, INC.

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

05-16-2000 90568 003 ***150.00

Principal Place of Business

3828 RIVIERA CIRCLE
BONITA SPRINGS FL 33134

Mailing Address

POST OFFICE BOX 2527
BONITA SPRINGS FL 34133-2527

2. Principal Place of Business

9240 Bonita Beach Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2209

City & State
Bonita Springs, FL

City & State

4. FEI Number

65-0823062

Applied For

Not Applicable

Zip
34135

Country

Zip

Country

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

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

4/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Delete
NAME CASEY, DENEEN M
STREET ADDRESS P.O. BOX 2527
CITY-ST-ZIP BONITA SPRINGS FL 34133-2527

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

TITLE V ☒ Delete
NAME GRAMMEN, ROBERT P
STREET ADDRESS P.O. BOX 2527
CITY-ST-ZIP BONITA SPRINGS FL 34133-2527

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

TITLE D ☐ Delete
NAME Patrick B. Casey
STREET ADDRESS P.O. Box 2527
CITY-ST-ZIP Bonita Springs, FL 34133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

4/28/00
Date

(941) 498-6999
Daytime Phone #

CR2E034 (9/99)