

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037064

1. Entity Name

CAPITAL LEASING GROUP, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90122 016 \*\*\*150.00

Principal Place of Business

Mailing Address

9470 ULMERTON ROAD  
SUITE 4C  
LARGO FL 33771  
US

9470 ULMERTON ROAD  
SUITE 4C  
LARGO FL 33771-3700  
US

2. Principal Place of Business

14948 NEWPORT ROAD

3. Mailing Address

14948 NEWPORT ROAD

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33764

Country

Zip

33764

Country

4. FEI Number

59-3512293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REISSMAN, MARSHALL G  
5001 W. CYPRESS ST. STE. 200  
TAMPA FL 33607

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

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 ~~VSD~~ ☒ Delete  
NAME ~~SMITH, TODD~~  
STREET ADDRESS ~~9470 ULMERTON ROAD, SUITE 4C~~  
CITY-ST-ZIP ~~LARGO FL 33771~~

TITLE PTD ☐ Delete  
NAME TIMKO, THOMAS M SR  
STREET ADDRESS 9470 ULMERTON ROAD, SUITE 4C  
CITY-ST-ZIP LARGO FL 33771

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 P, S, T, D. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 14948 NEWPORT ROAD, SUITE 106  
CITY-ST-ZIP CLEARWATER, FL 33764

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 (727) 536-3783  
Date Daytime Phone #

CR2E034 (9/99)