

# 2000 UNIFORM BUSINESS REPORT (UBR)

09-01-2000 90061 044 \*\*\*150.00

P98000073938

DOCUMENT # P98000073938

1. Entity Name

FRONT LINE CAPITAL LEASING, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 15 AM 6:51

00083052



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

INDIAN OAK DRIVE  
FL 33860

4892 INDIAN OAK DRIVE  
MULBERRY FL 33860-3204  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3532047

Applied For

Not Applicable

Zip

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

BOOTH, W. THOMAS  
4892 INDIAN OAK DRIVE  
MULBERRY FL 33860

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BOOTH, W. THOMAS  
4892 INDIAN OAK DR  
MULBERRY FL 33860 ☐ Delete

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

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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

4.15.2000 863.425.0934

Date

Daytime Phone #

CR2E034 (9/99)

## FRONT LINE CAPITAL LEASING, INC.

4892 Indian Oak Drive  
Mulberry, Florida 33860  
Phone 863-425-0934  
FAX 863-425-8737  
Toll Free 888-425-0934

September 11, 2000

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Reference # P98000073938

I received the enclosed letter today.

I do not understand this. I mailed this form along with a check  
in the amount of \$150.00 in April of this year.

I do not understand how you just received it in September.

I do not feel that I owe the late fee.

W. T. Booth