

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088755

1. Entity Name  
**EXECUTIVE COMPUTER RENTALS, INC.**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90296 038 \*\*\*150.00

Principal Place of Business

2510 20TH AVE. N.  
ST. PETERSBURG FL 33713

Mailing Address

2510 20TH AVE. N.  
ST. PETERSBURG FL 33713-4938

2. Principal Place of Business

3. Mailing Address

**2852 - 20TH AVE. N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**ST. PETERSBURG, FL**

4. FEI Number

**59-3549595**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33713-4202**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PADGETT, JENNIFER**  
**2510 20TH AVE. N.**  
**ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

**LEONARD, R. A.**

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

**6731 DATE PALM AVENUE S.**

City

**ST. PETERSBURG**

FL

Zip Code

**33707**

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

*R.A. Leonard* **R.A. Leonard**

**4-27-00**

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 **PSTD** ☒ Delete  
NAME **PADGETT, JENNIFER**  
STREET ADDRESS **6430 BOUGAINVILLE AVE S**  
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Change ☒ Addition  
NAME **LEONARD, R.A.**  
STREET ADDRESS **6731 DATE PALM AVENUE S.**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

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

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:

*R.A. Leonard* **R.A. Leonard**

Date

Daytime Phone #

**4-27-00 727-323-4747**

CR2E034 (9/99)