

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023652

1. Entity Name

MID-SOUTH LEASING, INCORPORATED

04-24-2000 90829 001 \*\*\*300.00  
P99000023652

FILED

00 JUL 26 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9735 Old St Augustine Rd  
Suite, Apt. #, etc.  
Suite 9-10

3. Mailing Address

P.O. Box 23988  
Suite, Apt. #, etc.

City & State

Jacksonville, FL  
Zip 32257  
Country DUCK

City & State

Jacksonville, FL  
Zip 32241  
Country DUCK

4. FEI Number

59-3583983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEMENT, LARRY T  
11840 BRADY ROAD  
JACKSONVILLE FL 32223

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's 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 LARRY T DEMENT ☐ Delete  
NAME PRESIDENT  
STREET ADDRESS 11840 BRADY Road  
CITY-ST-ZIP Jacksonville, FL 32223

TITLE Sidney S Smith ☐ Delete  
NAME Vice President  
STREET ADDRESS 2732 Victorian Oaks DR  
CITY-ST-ZIP Jacksonville, FL 32223

TITLE LARRY T. DEMENT / Secy/Treasurer ☐ Delete  
NAME  
STREET ADDRESS 11840 BRADY Road  
CITY-ST-ZIP Jacksonville, FL 32223

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

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

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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 the signature that I 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

4-17-2000

Date

904-260-4575

Daytime Phone #

CR2034 (9/99)

SP