

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041652

1. Entity Name

CAPITAL CAR SALES & LEASING, INC.

Principal Place of Business

Mailing Address

New address listed below

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90104 044 ***150.00

2. Principal Place of Business

41041 U.S. Hwy. 19 N.

Suite, Apt. #, etc.

3. Mailing Address

252 Cypress Trace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

4. FEI Number

59-3578489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Pratesi, Emil G.

1253 Park Street

Clearwater, FL 33756

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	P D	<input type="checkbox"/> Delete
NAME	Kreeb, Michael L.	
STREET ADDRESS	252 Cypress Trace	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	V D	<input type="checkbox"/> Delete
NAME	Wiseman, Albert D.	
STREET ADDRESS	2270 N. Highland Ave.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	T	<input type="checkbox"/> Delete
NAME	Wiseman, Emily A.	
STREET ADDRESS	2270 N. Highland Ave.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	S	<input type="checkbox"/> Delete
NAME	Kreeb, Colleen A.	
STREET ADDRESS	252 Cypress Trace	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Colleen A. Kreeb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colleen A. Kreeb

3/29/2000

727-937-1924

Date

Daytime Phone #

CR2E034 (9/99)