

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054480

1. Entity Name

AMERICAN EQUIPMENT LEASING & FINANCE, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90171 049 ***150.00

Principal Place of Business

Mailing Address

112 S. PINE AVENUE
OCALA FL 34474

112 S. PINE AVENUE
OCALA FL 34474-4167

2. Principal Place of Business

116 SOUTH MAGNOLIA AVE

3. Mailing Address

116 SOUTH MAGNOLIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3

3

City & State

City & State

OCALA FLA 34471

OCALA FLA

Zip

Country

Zip

Country

34471

USA

34471

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITEFIELD, B. THOMAS
4040 WOODCOCK DRIVE
SUITE 202
JACKSONVILLE FL 32207

Name

GREGORY E TUCCI

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

225 NE 8th AVE

City

OCALA

FL

Zip Code

34470

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

GREGORY E TUCCI

GREGORY E TUCCI

4-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, V L	
STREET ADDRESS	112 S. PINE AVENUE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	President	<input type="checkbox"/> Delete
NAME	MARTHA LANCE	
STREET ADDRESS	4818 S.E. 15th St	
CITY-ST-ZIP	OCALA FLA 34471	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	CHARLES LANCE SR.	
STREET ADDRESS	1758 S.E. 7th St	
CITY-ST-ZIP	OCALA FLA 34471	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	MARTHA LANCE	
STREET ADDRESS	4818 S.E. 15th St	
CITY-ST-ZIP	OCALA FLA 34471	
TITLE	V.P. Sales	<input type="checkbox"/> Delete
NAME	DAWN LANCE	
STREET ADDRESS	619 S.E. 46th Ct	
CITY-ST-ZIP	OCALA FLA 34471	
TITLE	V.P. Marketing	<input type="checkbox"/> Delete
NAME	RYAN RENEE	
STREET ADDRESS	619 S.E. 46th Ct	
CITY-ST-ZIP	OCALA FLA 34471	

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
NAME		
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:

MARTHA LANCE Pres. 4-26-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CS 1 0/14 (9/99)