

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054480

1. Entity Name

AMERICAN EQUIPMENT LEASING & FINANCE, INC.

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90395 041 \*\*\*150.00

041832

Principal Place of Business

116 S. MAGNOLIA AVE  
STE 3  
OCALA FL 34474

Mailing Address

116 S. MAGNOLIA AVE  
STE 3  
OCALA FL 34474

2. Principal Place of Business

116 S. MAGNOLIA AVE

Suite, Apt. #, etc.

STE 3

City & State

OCALA FLA

Zip

34471

Country

USA

3. Mailing Address

116 S. MAGNOLIA AVE

Suite, Apt. #, etc.

STE 3

City & State

OCALA FL

Zip

34471

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0943746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCCI, GREGORY  
225 NE 8TH AVE  
OCALA FL 34470

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, 2001 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 PS  
NAME LANCE, MARTHA  
STREET ADDRESS 4818 S.E. 15TH ST.  
CITY-ST-ZIP Ocala FL 34471 ☒ Delete

TITLE VP  
NAME LANCE, CHARLES SR.  
STREET ADDRESS 1758 SE 7TH ST  
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE S  
NAME LANCE, DAWN  
STREET ADDRESS 619 SE 46TH CT  
CITY-ST-ZIP Ocala FL 34471 ☒ Delete

TITLE VPM  
NAME RENEE, RYAN  
STREET ADDRESS 619 SE 46TH CT  
CITY-ST-ZIP Ocala FL 34471 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME BLAKE BOLIN  
STREET ADDRESS 1971 N.E. 7TH ST  
CITY-ST-ZIP Ocala FL 34470 ☒ Change ☐ Addition

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

TITLE AS Secretary  
NAME MARTHA LANCE  
STREET ADDRESS 4818 S.E. 15TH ST  
CITY-ST-ZIP Ocala FL 34471 ☒ Change ☐ Addition

TITLE Treasurer  
NAME MARTHA LANCE  
STREET ADDRESS 4818 S.E. 15TH ST  
CITY-ST-ZIP Ocala FL 34471 ☒ Change ☐ Addition

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

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

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

Date

Daytime Phone #

CR2E034 (10/00)