

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000059197**

1. Entity Name

RESOURCE LEASING GROUP, INC.**FILED**
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90001 019 ***550.00

A0077782

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

310 W. CENTRAL PKWY. STE 7500
ALTAMONTE SPRINGS FL 32714**310 W. CENTRAL PKWY. STE 7500**
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

710 MIAMI SPRINGS DR.**710 MIAMI SPRINGS DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD FL**LONGWOOD FL**

Zip

Zip

Country

Country

32779**32779**

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHILLING, TRACY
445 DOUGLAS AVE. STE 2005-22
ALTAMONTE SPRINGS FL 32714

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT <input type="checkbox"/> Delete	TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMICHAELS, JAMES	NAME	MCMICHAEL, JAMES
STREET ADDRESS	310 W. CENTRAL PKWY, STE.7500	STREET ADDRESS	710 MIAMI SPRINGS DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES MCMICHAEL

Date

Daytime Phone #

4/14/2000**407-260-8370**

CR2E034 (9/99)