

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066450

1. Entity Name

NATIONAL TRUCK SALES & LEASING INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90066 025 ***150.00

Principal Place of Business

10 FAIRWAY DRIVE, STE. 103
DEERFIELD BEACH FL 33441

Mailing Address

10 FAIRWAY DRIVE, STE. 103
DEERFIELD BEACH FL 33441-1803

2. Principal Place of Business

10 FAIRWAY DRIVE

3. Mailing Address

10 FAIRWAY DR.

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH

Zip

33441

Country

USA

Zip

33441

Country

USA

4. FEI Number

65-0939583

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALL, LEW
1845 S.W. 4TH AVE., STE. A-12
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

Lew Small

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

1101 NW 3RD AVE

City

BOCA RATON

FL

Zip Code

33432

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	LEW SMALL	
STREET ADDRESS	10 FAIRWAY DRIVE SUITE 205	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33441	
TITLE	V. PRESIDENT	<input type="checkbox"/> Delete
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-00

561-362-9446

CR2E034 (9/99)