

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90219 047 ***150.00

DOCUMENT # S92434

1. Entity Name

AMERICAN LEASING & INVESTMENT CORPORATION

Principal Place of Business

3900B EAST COLLINS RD
GILLETTE WY 82716
US

Mailing Address

3900B EAST COLLINS RD
GILLETTE WY 82716
US

2. Principal Place of Business

10676 S. Douglas Hwy

Suite, Apt. #, etc.

3. Mailing Address

P.O. 849

Suite, Apt. #, etc.

City & State

Gillette WY

City & State

Gillette, WY

Zip

82718

Country

U.S.

Zip

82718

Country

U.S.

4. FEI Number

65-0320468

Applied For

Not Applicable

5. 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

STEIN, ERIC O
8265 SW 105TH PL
OCALA FL 34481

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ANDREWS, ANTHONY T.
3900B E. COLLINS RD
GILLETTE WY 82716 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10676 S. Douglas Hwy P.O. 547
Gillette, WY 82718 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANDREWS, JACQUELINE
3900B EAST COLLINS RD
GILLETTE WY 82716 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10676 S. Douglas Hwy P.O. 547
Gillette, WY 82718 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ANDREWS, ANTHONY S
691 WHITE SWAN DR
ARNOLD MD ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
STEIN, ERIC O
8265 SW 105TH PL
OCALA FL 34481 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony T. Andrews 4-27-2001 (307)686-6213
President Date Daytime Phone *

CR2E034 (10/00)