## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J98783** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name PRIDE LEASING, INC. 04-11-2000 90213 027 \*\*\*150.00 Principal Place of Business Mailing Address 2139 PALM BEACH LAKES BLVD 2139 PALM BEACH LAKES BLVD 2161 PALM BEACH LAKES BLVD 2161 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409-6607 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 65-0008795 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent True, David R. PEARCE, LINDA J. Street Address (P.O. Box Number is Not Acceptable) 2139 Palm Beach Lakes Blvd 2139 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409 West Palm Beach, FL submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entire David R. True SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete SEARCY, CHRISTIAN D. NAME STREET ADDRESS 2139 PALM BCH LAKES BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL Change ☐ Addition X Delete TITLE SD TITLE PEARCE, LINDA J. NAME NAME True, David R. 2139 PALM BCH LAKES BLVD STREET ADDRESS STREET ADDRESS 2139 Palm Beach Lakes Blvd. CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL West Palm Beach, FL 33409 Change ☐ Addition TITLE ☐ Detete TITLE DENNEY, EARL L., JR NAME NAME 2139 PALM BCH LAKES BLVD STREET ADDRESS STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete

13. I hereby certify that the information supplied with this filling 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 of 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

561-686-6300

Daytime Phone #