## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 02, 2001 8:00 am **DOCUMENT # J98783 Secretary of State** 1. Entity Name PRIDE LEASING, INC. 03-02-2001 90048 050 \*\*\*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 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0008795 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Rogistered Agent TRUE, DAVID R Street Address (P.O. Box Number is Not Acceptable) 2139 PALM BEACH LAKES BLVD. **WEST PALM BEACH FL 33409** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE ☐ Delete TITLE SEARCY, CHRISTIAN D. NAME NAME STREET ADDRESS 2139 PALM BCH LAKES BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE TRUE, DAVID R NAME NAME 2139 PALM BCH LAKES BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 TITLE ☐ Change ☐ Addition ~ ☐ Delete = --TITLE - -DENNEY, EARL L., JR NAME NAME 2139 PALM BCH LAKES BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 prustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

561-686-630