

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90022 016 \*\*\*150.00

**DOCUMENT # K15136**

1. Entity Name  
**M & G LEASING CO.**

Principal Place of Business  
**499 N ST RD 434  
 STE 2179  
 ALTAMONTE SPRINGS FL 32714  
 US**

Mailing Address  
**499 NO STATE RD 434  
 STE 2179  
 ALTAMONTE SPRINGS FL 32714-1006  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**499 N. State Rd 434**  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2872449**

Applied For  
 Not Applicable

Zip Country

Zip Country

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**

**HOLLINGSWORTH, GEORGE R., II**  
**499 NO STATE RD 434**  
**SUITE 2179**  
**ALTAMONTE SPRINGS FL 32714**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**499 N. State Rd. 434**  
 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 \_\_\_\_\_ (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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>DST HOLLINGSWORTH, GEORGE, II</b>	<b>499 N STATE RD 434 STE. 2179 ALTAMONTE SPRINGS FL</b>	<input type="checkbox"/>
<b>DP MOORE, B. J.</b>	<b>499 N STATE RD 434 STE. 2179 ALTAMONTE SPRINGS FL</b>	<input type="checkbox"/>
<b>DV GARNER, J.M.</b>	<b>499 N. STATE RD 434 STE. 2179 ALTAMONTE SPRINGS FL</b>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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: George R. Hollingsworth Date 1/24/00 Daytime Phone # 407-862-9560

CRZE034 (9/99)