

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90065 005 ***150.00

DOCUMENT # **P02000118171** NC
1. Entity Name **ACTION FINANCE & LEASING CORPORATION** ✓
11/25/02



Principal Place of Business
200 N. THORNTON AVE.
ORLANDO FL 32801

Mailing Address
200 N. THORNTON AVE.
ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State
Casselberry, FL

Zip
32707

Country
Seminole

4. FEI Number
52-2385339

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

7. Name and Address of New Registered Agent

Name
RANDALL C. SMITH, ESQ
Street Address (P.O. Box Number is Not Acceptable)
200 NORTH THORNTON AVENUE
City ORLANDO FL Zip Code 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Randall C. Smith* RANDALL C. SMITH 01/06/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President ☐ Delete
NAME Jim Veigle
STREET ADDRESS 401 E. Semoran Blvd.
CITY-ST-ZIP Casselberry, FL 32707

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 4-22-03 407-260-7003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)