

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028550

1. Entity Name
TARGET LEASING, INC.

FILED

01 OCT -5 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 11325 CR 44 LEESBURG FL 34788 | Mailing Address PO BOX 490779 LEESBURG FL 34749-0779 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 30320 Springwater Circle Suite, Apt. #, etc. | 3. Mailing Address PO BOX 493033 Suite, Apt. #, etc. |
|---|--|

2001 AMENDED UBR

| | | | |
|-----------------------------|------------------------------|-----------------------------|--|
| City & State Leesburg FL | City & State Leesburg, FL | 4. FEI Number 59-3506630 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|------------------------------|-----------------------------|--|

| | | | | |
|--------------|---------|-------------------|---------|--|
| Zip 34748 | Country | Zip 34749-3033 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|--------------|---------|-------------------|---------|--|

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent SUMMERS, GARY L. 380 W ALFRED ST TAVARES FL 32778 | | 7. Name and Address of New Registered Agent 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE D NAME REED, JOHN STREET ADDRESS 11325 CR 44 CITY-ST-ZIP LEESBURG FL 34788 | <input type="checkbox"/> Delete | TITLE D NAME G. Kent Fuller STREET ADDRESS 30320 Springwater Circle CITY-ST-ZIP Leesburg FL 34748 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 which I am empowered.

[Signature] 8-29-01