

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102110

1. Entity Name  
**ACTION LEASING COMPANY**

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90056 021 \*\*\*150.00

Principal Place of Business  
**401 EAST SEMORAN BLVD.  
CASSELBERRY FL 34707**

Mailing Address  
**200 N. THORNTON AVENUE  
ORLANDO FL 32801-2164**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3545183</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>SMITH, RANDALL C ESQ.</b> <b>200 NORTH THORNTON AVENUE</b> <b>ORLANDO FL 32801</b>				Name <b>DON BROWN ESQ.</b>					
				Street Address (P.O. Box Number is Not Acceptable) <b>200 NORTH THORNTON AVE.</b>					
				City <b>ORLANDO</b>		State <b>FL</b>		Zip Code <b>32801</b>	

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 *Don L. Brown, Esq.* *[Signature]* 3-8-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when re-registering) 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	<b>PS</b>	<input type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>VOEGLIN, NANCY</b>			NAME	<b>JAMES VEIGLE</b>		
STREET ADDRESS	<b>401 EAST SEMORAN BLVD.</b>			STREET ADDRESS	<b>401 E. SEMORAN BLVD.</b>		
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>			CITY-ST-ZIP	<b>CASSELBERRY, FL 32707</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *SIGNANCY VOEGLIN* 2/15/00 407-331-9222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)