

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

0099741 AV

DOCUMENT # P98000102110



1. Entity Name
ACTION LEASING COMPANY

04-17-2003 90630 047 ***150.00

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

Mailing Address
**200 N THORNTON AVENUE
ORLANDO FL 32801**



2. Principal Place of Business

3. Mailing Address

401 E. Semoran Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Casselberry FL

4. FEI Number **59-3545183**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32707 Seminole

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

**BROWN, DON ESO
200 NORTH THORNTON AVENUE
ORLANDO FL 32801**

Name
Randall Smith
Street Address (P.O. Box Number is Not Acceptable)
200 N. 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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PS**
STREET ADDRESS **VOEGLIN, NANCY**
CITY-ST-ZIP **401 EAST SEMORAN BLVD.
CASSELBERRY FL 32707**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **VEIGLE, JAMES**
CITY-ST-ZIP **401 E SEMORAN BLVD
CASSELBERRY FL 32707**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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:

Nancy Voeglin **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

Date

407-260-7003

Daytime Phone #

CR2E034 (10/02)