

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90050 009 ***150.00

DOCUMENT # S09108

1. Entity Name
SDB LEASING CORP.

Principal Place of Business
702 NORTH FRANKLIN STREET
TAMPA FL 33602
US

Mailing Address
702 NORTH FRANKLIN STREET
TAMPA FL 33602
US

2. Principal Place of Business
c/o D.E. Schwartz
 Suite, Apt. #, etc.

3. Mailing Address
c/o D.E. Schwartz
 Suite, Apt. #, etc.

City & State

City & State
Tampa, FL

Zip

Country

Zip

Country

33601-0111

US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCDEVITT, SHEILA M
702 NORTH FRANKLIN STREET
TAMPA FL 33602

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLUME, S G 702 N FRANKLIN STREET TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLUME, D W 702 N FRANKLIN STREET TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, D E 702 N FRANKLIN STREET TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTRELL, W N 702 NORTH FRANKLIN STREET TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUSTACE, R K 702 NORTH FRANKLIN STREET TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILLETTE, G L 702 NORTH FRANKLIN STREET TAMPA FL 33602	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: **D.E. Schwartz** **4/29/02 (813) 228-1808**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)