2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED N

Mar 15, 2001 8:00 am **DOCUMENT # J44680 Secretary of State** 03-15-2001 90210 026 ***158.75 VETERANS AUTO SALES AND LEASING CO., INC. Principal Place of Business Malling Address 3701 W COLONIAL DR 3701 W COLONIAL DR ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2742271 Not Applicable Ζiο Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMON, PAMELA J. -Street Address (P.O. Box Number Is Not Acceptable) -3701 W COLONIAL DR ORLANDO FL 32808 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 .. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -11. CR2E034 (10/00) **PSTD** TITLE ☐ Delete TITLE Change 1 Addition SIMON, PAMELA J. NAME STREET ADDRESS 1743 FIFESHIRE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITI F Addition. TITLE ... Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 401 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 leport or supplement, Leport 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 true by 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. indicated on this leport or supplement of the corporation of the receiver of true changed, or on an attachment with an 401 **SIGNATURE:**

FILED