2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0051297

DOCUMENT # L02000022968

1. Entity Name

ONLINE LEASING SERVICES, LLC

FILED
03 APR 23 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9831 SOUTH ORANGE AVENUE ORLANDO FL 32824	9831 SOUTH ORANGE AVENUE ORLANDO FL 32824

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 530895 Suite, Apt. #, etc.
City & State	City & State: DeBary, FL
Zip / Country	Zip: 32753 / Country: USA

4. FEI Number: 81-0576159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PILOTTE, FRANK T ESQ. C/O MURPHY, REID, ET AL 340 ROYAL PALM WAY, SUITE 100 PALM BEACH FL 33480	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Tamara L. Canatsey 367 River Bluff Circle DeBary, FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800016800348 04/23/03--01053--001 **55.00	☐ Change ☐ Addition
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CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/14/03 386-668-1259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #