## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 622886 May 19, 2000 8:00 am Secretary of State **ELITE LEASING CORPORATION** 05-19-2000 90015 046 \*\*\*150.00 Principal Place of Business Mailing Address 7405 9TH AVE. WEST 7405 9TH AVE. WEST STE B STE B **BRADENTON FL 34209-4032 BRADENTON FL 34209** 101305 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1911270 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name REYNOLDS, GEORGE J. Street Address (P.O. Box Number is Not Acceptable) 7405 9TH AVE-WEST **BRADENTON FL 34280** 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 DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PSD** ☐ Change ☐ Addition Delete TITLE TITLE REYNOLDS, GEORGE NAME NAME 7405 9TH AVE - WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34209 Change ☐ Addition ☐ Delete TITLE 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 ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 dustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or changed, or on an attachment with with all other like empowered 30-00 SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR