

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003040

1. Entity Name

LEASING USA, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90003 034 ***550.00

Principal Place of Business

630 THORPE RD
ORLANDO FL 32824

Mailing Address

630 THORPE RD
ORLANDO FL 32824

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3273078**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, GARY
3100 WINTER GARDEN RD., #1111
OCOE FL 34761

7. Name and Address of New Registered Agent

Name **DAVIS, GARY**

Street Address (P.O. Box Number is Not Acceptable)

13327 GLACIER NATIONAL #6502

City **ORLANDO**

FL

Zip Code **32837**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-01

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, 2001 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 **P**
STREET ADDRESS
CITY-ST-ZIP
STIELSTRA, ELDEN
6000 CLAY AVE. SW
GRAND RAPIDS FL 49548

☐ Delete

TITLE
NAME **S**
STREET ADDRESS
CITY-ST-ZIP
OOSTERHOUSE, CARL
6000 CLAY AVE. SW
GRAND RAPIDS FL 49548

☐ Delete

TITLE
NAME **C**
STREET ADDRESS
CITY-ST-ZIP
GAINEY, HARAVEY N
6000 CLAY AVE. SW
GRAND RAPIDS FL 49548

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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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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, without other being empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/01 626-530-8558

Date

Daytime Phone #

0072711

CR2E034 (10/00)