FEB. 1. 2002 11:07AM THRASHER WHITLEY 2

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-25-2002 90036 046 ***150.00

18917

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005315

1. Entity Name
Pyramid Leasing INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
540 Mary Mcleod Bethune Blvd
Suite, Apt. #, etc.
City & State: Daytona Beach Florida
Zip
Country: Voulsia

3. Mailing Address
4990 Collette Rd
Suite, Apt. #, etc.
City & State: Atlanta Georgia
Zip: 30349
County: Fulton

DO NOT WRITE IN THIS SPACE

FEI Number: 58-2527234 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Andrea Fountain
Street Address (P.O. Box Number is Not Acceptable):
4990 Collette Rd Collier
540 Mary Mcleod Bethune Blvd
City: Daytona Beach 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: Andrea Fountain 2-06-2002
Signature, typed or printed name of registered agent and title if applicable. (MUST Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Incorporate Tax filing requirement and elects to do so. (See criteria on back) ☐

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	Andrea Fountain Secretary 540 Mary Mcleod Bethune Blvd
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E604B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Andrea Fountain 2-06-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SWORN OFFICER OR DIRECTOR — Date — Daytime Phone #