

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90032 019 ***150.00

DOCUMENT # F13410 1. Entity Name DAL LEASING, INC.		 2. Principal Place of Business 6139 LINNEAL BCH DR. APOPKA FL 32703		3. Mailing Address 900 N. PINE HILLS RD. ORLANDO FL 32808	
2. Principal Place of Business 1990 S. ORANGE Blossom Suite, Apt. #, etc.		3. Mailing Address 1990 S. ORANGE Blossom TRL Suite, Apt. #, etc.		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State APOPKA FL		City & State APOPKA FL		4. FEI Number 59-2056897 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 32703 Country USA		Zip 32703 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARSON, DAVID 500 IRENE ST. ORLANDO FL 32808			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LARSON, DAVID 500 IRENE STREET ORLANDO FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARSON, DAVID 500 IRENE STREET ORLANDO FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: X SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

CR2E034 (10/02)

Attachment

COLLISION TEAM OF CENTRAL FLORIDA, INC.

1990 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703
PH. (407) 880-0580

40124

86128282
#F13410

DATE 4-20-03 63-1481-631

PAY
TO THE
ORDER OF

Florida Department of State

\$ 150.00

One hundred and fifty 00/100

DOLLARS

 Security Features
Inkjet Print
Check for Mark



Century
NATIONAL BANK
LONGWOOD, FL

FOR F13410

[Signature]

MP