

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0615674 AV

DOCUMENT # F42288

1. Entity Name

CENTRAL LEASING, INC.

04-01-2002 90633 008 ***150.00

Principal Place of Business

**1919 BUCCANEER DRIVE #100
 SARASOTA FL 34231**

Mailing Address

~~1919 BUCCANEER DRIVE #100
 SARASOTA FL 34231~~

**1520 BLACK FOREST DR
 BRYSON CITY, N.C.**

2. Principal Place of Business

3. Mailing Address

1520 BLACK FOREST DR. 28713

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

BRYSON CITY, N.C.

4. FEI Number

59-2128988

Applied For

Not Applicable

Zip

Country

Zip

Country

28713

SWAIN

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARLING, PETER F

**1919 BUCCANEER DRIVE #100
 SARASOTA FL 34231**

Mr

JOJOY DARLING

3070 MARK RIDGE RD.

SARASOTA

FL

34231

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **DARLING, PETER F.**
 STREET ADDRESS **1919 BUCCANEER DR., SUITE 100**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition
 NAME **1520 BLACK FOREST DR.**
 STREET ADDRESS **BRYSON CITY, N.C. 28713**
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ST** ☐ Delete
 NAME **DARLING, J.M.**
 STREET ADDRESS **1919 BUCCANEER DR., SUITE 100**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition
 NAME **1520 BLACK FOREST DR.**
 STREET ADDRESS **BRYSON CITY, N.C. 28713**
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

Date

828 488 9587

Daytime Phone #

CR2E034 (9/01)