2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State
09-07-2000 90040 026 ***550.00

DOCUMENT # F95000001196

1. Entity Name
ATLANTIC NATIONAL LEASING CORPORATION ✓

Principal Place of Business	Mailing Address
P.O. BOX 61000 CHARLESTON SC 29419	P.O. BOX 61000 CHARLESTON SC 29419

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P. O. Box 61000	P. O. Box 61000
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Charleston, SC	City & State: Charleston, SC
Zip: 29419 Country:	Zip: 29419 Country:

4. FEI Number 57-0717681 ☐ Applied For ☐ Not Applicable

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
DYMERSKI, DERIC 1200 S.W. 60TH AVE. OCALA FL 32678	Name Street Address (P.O. Box Number is Not Acceptable) City **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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARTON, T D P.O. BOX 525 WINSTON-SALEM NC 27102-0525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFS Urbania, M. Mark P. O. Box 525 ~~Winston-Salem, NC 27102-0525~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP THRIFT, BILL P.O. BOX 525 WINSTON-SALEM NC 27102-0525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS LEDFORD, GREGORY 1001 PENNSYLVANIA AVE WASHINGTON DC 20004-2505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFS FLORENCE, JAMES F P.O. BOX 525 WINSTON-SALEM NC 27102-0525	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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: M. Mark Urbania M. Mark Urbania 8/30/00 (336) 776-6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #