

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90002 037 \*\*\*150.00

**DOCUMENT # F96000000222**

1. Entity Name:  
**UNITED NATIONAL LEASING, INC.**

Principal Place of Business  
**6577 RIVER PT RD  
 GREEN COVE SPRINGS FL 32043  
 US**

Mailing Address  
**6577 RIVER PT RD  
 GREEN COVE SPRINGS FL 32043  
 US**

**772063**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1739059**

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

7. Name and Address of New Registered Agent

**PHILLIPS, DANA F  
 331 OAK DR., S.  
 GREEN COVE SPRINGS FL 32043**

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) (NOT 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
	<b>P PHILLIPS, DANA F</b>	<b>6577 RIVER PT RD</b>	<b>GREEN COVE SPRINGS FL</b>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
TITLE	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, with all other lines empowered

SIGNATURE: Dana F Phillips  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER / DIRECTOR

904-284-1001 5-1-01  
 Date Daytime Phone #

CR2E034 (10/00)