


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000000222

1. Entity Name
UNITED NATIONAL LEASING, INC.



Principal Place of Business Mailing Address

6577 RIVER PT RD 6577 RIVER PT RD
GREEN COVE SPRINGS, FL 32043 US GREEN COVE SPRINGS, FL 32043 US



04132005 No Chg-P GR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1739059 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PHILLIPS, DANA F
6577 RIVER PT RD
GREEN COVE SPRINGS, FL 32043

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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: *[Signature]* DATE: **4-29-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | P |
| NAME | PHILLIPS, DANA F |
| STREET ADDRESS | 6577 RIVER PT RD |
| CITY-ST-ZIP | GREEN COVE SPRINGS, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 05/05/05-80108-010 150.00

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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)(f), 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: *[Signature]* Date: **4-29-05** Daytime Phone #: **904-284-1001**

Signature and typed or printed name of signing officer or director