

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001530

1. Entity Name

HYNES LEASING CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90942 035 ***150.00

Principal Place of Business

Mailing Address

217 CENTRAL
PONTIAC MI 48341

1889 ROYAL LYTHAM CT
DAYTONA BEACH FL 32124-6819
US

2. Principal Place of Business

3. Mailing Address

1871 SPRUCE CRICK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAYTONA BEACH

4. FEI Number

38-3146706

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

FLORIDA

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

DENNIS R HYNES
210 CESSNA BLVD #C
DAYTONA BEACH FL 32124

Name

DENNIS R. HYNES

Street Address (P.O. Box Number is Not Acceptable)

191 CESSNA BLVD.

City

DAYTONA BEACH

FL

Zip Code

32124

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

DENNIS R. HYNES, PRESIDENT

4/26/00

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 \$150.00
After MAY 1, 2000 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
PTDC
HYNES, DENNIS R
217 CENTRAL
PONTIAC MI 48341 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KRANZ, TARA
217 CENTRAL
PONTIAC MI 48341 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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☐ Delete

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 like empowered.

SIGNATURE:

DENNIS R. HYNES, PRESIDENT

4/26/00

904 767 2130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)