

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004347

1. Entity Name  
AMERICAN V TWIN LEASING, INC.

Principal Place of Business  
5101 INTERNATIONAL DR  
ORLANDO FL 32819

Mailing Address  
5101 INTERNATIONAL DR  
ORLANDO FL 32819

2. Principal Place of Business  
5135 smt #11  
Suite, Apt. #, etc.  
ORLANDO FL  
City & State

3. Mailing Address  
5135 Smt #11  
Suite, Apt. #, etc.  
ORLANDO FL  
City & State

Zip  
32819  
Country  
ORANGE

Zip  
32819  
Country  
ORANGE

4. FEI Number 04-3300267  
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

PROIA, ANTHONY  
5101 INTERNATIONAL DR  
ORLANDO FL 32819

Name ANTHONY PROIA  
Street Address (P.O. Box Number is Not Acceptable)  
5135 International DR Smt #11  
City ORLANDO FL Zip Code 32819

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 \_\_\_\_\_ (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, 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 CD  
NAME KAITZ, ROBERT  
STREET ADDRESS 10 GAIL RD  
CITY-ST-ZIP NEWTON MA 02162 ☐ Delete

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

TITLE D  
NAME KAITZ, ROBERT  
STREET ADDRESS 10 GAIL RD  
CITY-ST-ZIP NEWTON MA 02162 ☐ Delete

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

TITLE DT  
NAME POIA, ANTHONY  
STREET ADDRESS 5101 INTERNATIONAL DR  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE S  
NAME O'BRIEN, JOHN J  
STREET ADDRESS 10 KEARNEY RD  
CITY-ST-ZIP NEEDHAM MA 02194 ☐ 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

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

4/25/01

Date

Daytime Phone #

CR2E034 (10/00)