

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90046 049 ***150.00

DOCUMENT # G72939

1. Entity Name

DELAND LEASING, INC.

Principal Place of Business

**1764 LANGLEY AVE
 DELAND FL 32724**

Mailing Address

**1764 LANGLEY AVE
 DELAND FL 32724**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2351629**

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

**LOPES, SHARON BENLINE
 2730 BLUE HERON VLG.
 DELAND FL 32720**

Name **ARSLIAN, SHARON BENLINE**

Street Address (P.O. Box Number is Not Acceptable)
2730 Blue Heron Vlg.

City **DeLand**

FL

Zip Code **32720**

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 \$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 ☐ Delete
 NAME **PSD**
 STREET ADDRESS **LOPES, SHARON BENLINE**
 CITY-ST-ZIP **2730 BLUE HERON VLG.
 DELAND FL**

TITLE ☒ Change ☐ Addition
 NAME **PSD**
 STREET ADDRESS **ARSLIAN, SHARON BENLINE**
 CITY-ST-ZIP **2730 Blue Heron Vlg.
 Deland, FL 32720**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **BENLINE, TAMARA S**
 CITY-ST-ZIP **1021 W CHURCH ST
 DELAND FL 32720**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **GUEDRY, MARI BETH**
 CITY-ST-ZIP **1021 W CHURCH ST
 DELAND FL 32720**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **GREEN, LORI KAYE**
 CITY-ST-ZIP **1134 326TH PLACE SW
 FEDERAL WAY WA 98023**

TITLE ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **GREEN, LORI KAYE**
 CITY-ST-ZIP **904 4TH STREET
 OCEAN CITY, NJ 08226**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Sharon B. Arslan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 386-734-3226

CR2E034 (10/00)