2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am DOCUMENT # Secretary of State J+J Equipment Leasing 04-13-2001 90057 013 ***150.00 Principal Place of Business Mailing Address 316 Lookout Drive 316 Lookout Drive Apollo Beach, FL 33572 Apollo Beach, FL 33572 A0047789 2. Principal Place of Business 3. Mailing Address 316 Lookout Drive 316 LOOKOUT Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For Beach. 59-2380943 tpo//o 100110 Beach Not Applicable \$8.75 Additional 5. Certificate of Status Desired usA-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Annette Delisie 316 Lookout Drive Street Address (P.O. Box Number is Not Acceptable) Apollo Beach, FL 33572 316 Lookout Drive Apollo Beach 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. Annette Delisle FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Firtuncing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Terry Delisle, President □ Delete ☐ Addition ☐ Change TITLE NAME 3161 Lookout Drive STREET ADDRESS STREET ADDRESS Apollo Beach, E 33572 CITY-ST-ZIP CITY-ST-ZIP Annette Delisie, V.P., Delete TITLE ☐ Change ■ Addition TITLE NAME NAME Sec., Treas. 316 Lookout Drive STREET ADDRESS STREET ADDRESS Apollo Beach, FL 33572 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 Hnne file. Deusle. V.P. Sec. - Treasurer 4/6/01 (8/3) 248