

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90093 046 ***158.75

DOCUMENT # H27732

1. Entity Name
JAY LEASING, INC.

Principal Place of Business
**850 AIRPORT RD.
PORT ORANGE FL 32124-7414**

Mailing Address
**850 AIRPORT RD.
PORT ORANGE FL 32124-7414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2448819**

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

**WOOD, YVONNE
846 AIRPORT RD
NEW SMYRNA BEACH FL 32168**

Name

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

City
Port Orange

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 *Yvonne Wood* Yvonne Wood Secretary February 12, 2001

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 **DP** ☐ Delete
NAME **WOOD, JACK**
STREET ADDRESS **846 AIRPORT RD.**
CITY-ST-ZIP **NEW SMYRNA BCH. FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **850 Airport Road**
CITY-ST-ZIP **Port Orange, FL 32124**

TITLE **DST** ☐ Delete
NAME **WOOD, YVONNE**
STREET ADDRESS **846 AIRPORT RD.**
CITY-ST-ZIP **NEW SMYRNA BCH. FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **850 Airport Road**
CITY-ST-ZIP **Port Orange, FL 32124**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 *Yvonne Wood* Yvonne Wood Secretary February 12, 2001 386 428-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0007462