

2001 UNIFORM BUSINESS REPORT (UBR)

1/25

FILED
Mar 07, 2001 8:00 am
Secretary of State

01-29-2001 90126 001 ***150.00

DOCUMENT # H37757

1. Entity Name

UNIVERSAL LEASING OF JACKSONVILLE, INC.



Principal Place of Business 2727 ATLANTIC BLVD JACKSONVILLE FL 32207	Mailing Address 2727 ATLANTIC BLVD JACKSONVILLE FL 32207
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48110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5011 Gate Parkway Suite, Apt. #, etc. Suite 150 City & State Jacksonville, Florida Zip 32250 Country USA	3. Mailing Address 5011 Gate Parkway Suite, Apt. #, etc. Suite 150 City & State Jacksonville, Florida Zip 32250 Country USA
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4. FEI Number 59-2480910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETWAY, THOMAS F., III
 272 ATLANTIC BLVD.
 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
Petway Thomas F. III
 Street Address (P.O. Box Number is Not Acceptable)
5011 Gate Parkway
Suite 150
 Jacksonville FL Zip Code
32250

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 re-registering) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD PETWAY, THOMAS F., III 2727 ATLANTIC BOULEVARD JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PETWAY, ELIZABETH P. 2727 ATLANTIC BLVD JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD Thomas F. Petway III 5011 Gate Parkway, Suite 150 Jacksonville, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Petway Elizabeth P 5011 Gate Parkway, Suite 150 Jacksonville, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 links empowered.

SIGNATURE: DATE: 1/4/01 DAYTIME PHONE #: 904-398-3107

CR2E034 (10/00)