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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 15, 2001 8:00 am **DOCUMENT # H92948 Secretary of State** 1. Entity Name P R S INVESTMENT LEASING COMPANY 03-15-2001 90010 011 ***150.00 Principal Place of Business Mailing Address 4206 N.W. 76 AVENUE 4721 NW 6TH CT. 731140 CORAL SPRINGS FL 33065 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2615618 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPOERR, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4721 NW 6TH CT. **DEERFIELD BEACH FL 33442** Zip Code City 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete Change SPOERR, RICHARD NAME STREET ADDRESS STREET ADDRESS 4206 N.W. 76 AVENUE CITY-ST-ZiP CITY-ST-ZIP **CORAL SPRINGS FL 33065** TITLE ☐ Delete TITLE ☐ Change ☐ Addition SPOERR, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 4206 N.W. 76 AVENUE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ING OFFICER OR DIRECTOR