## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # J47521** Feb 19, 2000 8:00 am 1. Entity Name **Secretary of State** C.E.M.S. LEASING COMPANY 02-19-2000 90016 023 \*\*\*150.00 Mailing Address Principal Place of Business 9550 E COLUMBUS DR 9550 E COLUMBUS DR STE B STE B TAMPA FL 33619-7715 **TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2754272 Not Applicable Zip Country \$8.75 Additional Zip .5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAPMAN, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) 9550 E COLUMBUS DR STE B **TAMPA FL 33619** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 12. 11. Addition Change ☐ Delete TITLE TITLE CHAPMAN, ROBERT E. NAME NAME 9550 E COLUMBUS DR STE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL ☐ Change Addition TITLE ☐ Delete TITLE MYERS, HOLLY H NAME NAME STREET ADDRESS 6529 KING PALM WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP apollo BCH.FL. ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS