

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J49287

1. Corporation Name
SMB LEASING, INC.

Principal Place of Business
5036 SANDPIPER LN. S.
ST. PETERSBURG FL 33711

Mailing Address
5036 SANDPIPER LN. S.
ST. PETERSBURG FL 33711

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90182 013 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1986

4. FEI Number
59-2771580

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

BROWN, STANFORD M
5036 SANDPIPER LANE S.
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name PATRICIA F. BROWN
82 Street Address (P.O. Box Number is Not Acceptable)
5036 Sandpiper Ln. S.

83
84 City St. Petersburg

FL 85 Zip Code 33711

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Patricia F. Brown
Signature, typed or printed name of registered agent and title if applicable

PATRICIA F. BROWN
(NOTE: Registered Agent signature required when reinstating)

1-23-99
DATE

12. OFFICERS AND DIRECTORS

TITLE DVT
NAME BROWN, PATRICIA F
STREET ADDRESS 5036 SANDPIPER LANE S.
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE DPS
NAME BROWN, STANFORD M
STREET ADDRESS 5036 SANDPIPER LANE S.
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME President
1.3 STREET ADDRESS Secretary
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE Director
2.2 NAME Vice President
2.3 STREET ADDRESS Treasurer
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia F. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-99
Date

727-864-9414
Daytime Phone #

CR2E034 (1/98)