## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **K57540** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name ASSOCIATED LEASING OF HOLLYWOOD, INC. 04-25-2000 90021 013 \*\*\*150.00 Mailing Address Principal Place of Business C/O WALTER DICKINSON % WALTER C. DICKINSON 3345 BRIDLE PATH LANE 2326 HOLLYWOOD BLVD HOLLYWOOD FL 33020 WESTON FL 33331-3507 US 3. Mailing Address 2. Principal Place of Business N. Commerce Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2928627 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DICKINSON, WALTER C. 2326 HOLLYWOOD BLVD HOLLYWOOD FL 33020-4997 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. DATE (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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change - Addition Dickinson, Walter C ☐ Delete TITLE TITLE DICKINSON, WALTER C. NAME NAME Commerce PKWY 2326 HOLLYWOOD BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-7IP ☐ Delete TITLE TITLE North Commerce Parkway JANICE C DICKINSON NAME 2125 STREET ADDRESS 2326 HOLLYWOOD BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 anothers, with all other like empowered.