

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0026142 AF

DOCUMENT # L00000007436

1. Entity Name
U.S. FLEET SALES & LEASING LLC

01 MAY -1 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6707 NARCOOSSEE ROAD
ORLANDO FL 32822

Mailing Address
6707 NARCOOSSEE ROAD
ORLANDO FL 32822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

U.S. FLEET SALES & LEASING LLC

3. Mailing Address

6707 NARCOOSSEE RD

Suite, Apt. #, etc.

6707 NARCOOSSEE RD

Suite, Apt. #, etc.

6707 NARCOOSSEE RD

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3662443

Applied For

Not Applicable

Zip

32822

Country

USA

Zip

32822

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGINITY, PATRICK
6707 NARCOOSSEE ROAD
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete

NAME
PATRICK MCGINITY
STREET ADDRESS
6707 NARCOOSSEE RD
CITY-ST-ZIP
ORLANDO FL 32822

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
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TITLE ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Patrick McGinity

4-20-01

407443-35107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)