

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90095 050 ***150.00

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DOCUMENT # L62921

1. Entity Name
REGENT AUTO LEASING AND SALES, INC.



Principal Place of Business
1801 S. FEDERAL HWY
STE 214
DELRAY BCH FL 33483
US

Mailing Address
P.O. BOX 811285
BOCA RATON FL 33481
US



2. Principal Place of Business
11038 VIA LUCCA
Suite, Apt. #, etc.
BOYNTON BCH FL
City & State

3. Mailing Address
11038 VIA LUCCA
Suite, Apt. #, etc.
BOYNTON BCH FL
City & State

☐ CHECK HERE IF MAKING CHANGES

Zip
33437

Country
USA

Zip
33437

Country
USA

4. FEI Number **65-0183588**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEMOLY, JOSEPH R
1801 SOUTH FEDERAL HWY
STE 214
DELRAY BCH FL 33483

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
11038 VIA LUCCA
BOYNTON BCH FL
Zip Code **33437**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MEMOLY, JOSEPH R	
STREET ADDRESS	1801 SOUTH FEDERAL HWY	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MEMOLY, HOLLIS S	
STREET ADDRESS	1801 SOUTH FEDERAL HWY	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11038 VIA LUCCA
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11038 VIA LUCCA
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)