

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79733

1. Entity Name
LEASEMORE VEHICLE MANAGEMENT CORP.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90380 020 ***150.00

Principal Place of Business
15F SOUTHPORT LANE
BOYNTON BEACH FL 33436
US

Mailing Address
15 F SOUTHPORT LANE
BOYNTON BEACH FL 33463
US

UUU42581



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
630 NE 5TH AVE
Suite, Apt. #, etc.

3. Mailing Address
630 NE 5TH AVE
Suite, Apt. #, etc.

City & State
Delray Bch FL

City & State
Delray Bch FL

Zip
33483

Country
Palm Bch

Zip
33483

Country
Palm Bch

4. FEI Number 65-0361033

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
VALLELY, JOHN P.
15F SOUTHPORT LN
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent
Name
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 John P. Vallely John P. Vallely 4/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSPS VALLELY, JOHN 15F SOUTHPORT LN BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VALLELY, PATRICIA 15F SOUTHPORT LN BOYNTON BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: John P. Vallely 4/23/01 561-276-9324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)