2000 UNIFORM BUSINESS REPORT (UBR) Mar 04, 2000 8:00 am **DOCUMENT # L96291 Secretary of State** RABCO LEASING, INC. 03-04-2000 90084 046 ***150.00 Principal Place of Business Mailing Address 12420 73RD COURT i 2420 73RD COURT LARGO FL 33773-3046 `~ FL 34643 DUUJAAJJ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3028562 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIGHTOWER, R. NATHAN Street Address (P.O. Box Number is Not Acceptable) 400 CLEVELAND ST. **CLEARWATER FL 34615** City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (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. Trust Fund Contribution. Added to Fees (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 Oelete TITLE RABON, BRUCE STREET ADDRESS 12420 73RD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7P LARGO FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME rabon, Kathryn STREET ADDRESS STREET ADDRESS 12420 73RD COURT CITY-ST-ZIP LARGO FL CITY-ST-ZIP ☐ Delete TITLE TITLE HUNTER, VIRGINIA 467 Swalecliff HUNTER, VIRGINIA NAME STREET ADDRESS STREET ADDRESS 2145 ALICIA DR FL 34683 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** Change ☐ Addition □ Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

☐ Delete

☐ Delete

☐ Change

Change

☐ Addition

☐ Addition