2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2000 8:00 am Secretary of State **DOCUMENT # M69415** 1. Entity Name EQUIPMENT LEASING & MAINTENANCE, INC. 01-28-2000 90141 026 ***158.75 Principal Place of Business Mailing Address 4424 N US 301 4424 N US 301 WILDWOOD FL 34785-8383 WILDWOOD FL 32785 りまいさいら 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2904345 Not Applicable \$8.75 Additional Zip Country 5-Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARKUS, BILL Street Address (P.O. Box Number is Not Acceptable) 4424 N US 301 WILDWOOD FL 34782 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition **PST** Delete TITLE Change TITLE FARKUS, BILL NAME NAME 4424 N US 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL correct address - ehange ☐ Addition ☐ Delete TITLE TITLE FARKUS, TORI NAME 91 CR 210 STREET ADDRESS STREET ADDRESS 4424 N US 301 CHY-ST-7/6-CITY-ST-ZIP WILDWOOD FL ☐ Addition Change Delete TITLE TITLE FARKUS, DEBBIE NAME NAME 4424 N US 301 STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP WILDWOOD FL Correct address Detrange ☐ Addition Delete TITLE TITLE FARKUS, KERPI NAME NAME 1085 CR 246 STREET ADDRESS STREET ADDRESS Oxford, Fl. 34484 CTTY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785 Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. changed, or on an attachme

SIGNATURE:

CR2E034 (9/99)