FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90007 003 ***150.00

DOCUMENT #

1. Entity Name M98829

PERFORMANCE LEASING CORPORATION OF COLLIER COUNTY

Principal Place of Business	Mailing Address
801 LAUREL OAK DRIVE SUITE 400 NAPLES, FL 34108	801 LAUREL OAK DRIVE SUITE 400 NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1061 COLLIER CENTER WAY	1061 COLLIER CENTER WAY
Suite, Apt. #, etc.: SUITE 5	Suite, Apt. #, etc.: SUITE 5
City & State: NAPLES, FL	City & State: ~~NAPLES, FL~~
Zip: 34110 Country: USA	Zip: 34110 Country: USA

4. FEI Number: 650073588 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DON E. LESTER
801 LAUREL OAK DRIVE
SUITE 400
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name: DON E. LESTER
Street Address (P.O. Box Number is Not Acceptable): ~~1061 COLLIER CENTER WAY~~ SUITE 5
City: NAPLES FL Zip Code: 34110

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 _____ 4-25-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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). ☐

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DEAN C. LESTER 9927 KONA ISLE CT. ORLANDO, FL 32817	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SUZANNE F. LESTER 4688 OAKLEAF NAPLES, FL 34119	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DON E. LESTER 801 LAUREL OAK DRIVE, STE. 400 NAPLES, FL 34108	☐ Delete		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

1061 COLLIER CENTER WAY, STE. 5
~~NAPLES, FL 34110~~

CR2E034 (9/01)

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: _____ 4-15-02 941-593-1000 x215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR