

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90091 001 ***900.00

DOCUMENT # P00000018371

1. Entity Name
FIDELITY LEASING GROUP, INC.

Principal Place of Business
4411 BEE RIDGE ROAD, #257
SARASOTA FL 34233
1343 MAIN STREET
SARASOTA FL 34236

Mailing Address
4411 BEE RIDGE ROAD, #257
SARASOTA FL 34233
6624 GATEWAY
SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1343 MAIN ST
 Suite, Apt. #, etc.
7th Floor
 City & State
SARASOTA FL

3. Mailing Address
6624 GATEWAY
 Suite, Apt. #, etc.
SARASOTA FL
 City & State
SARASOTA FL

4. FEI Number **65-0986326**
 Applied For ☐ Not Applicable ☐

Zip **34236** Country
 Zip **34231** Country

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

6. Name and Address of Current Registered Agent
LEWIS, KURT F
6624 GATEWAY AVE
SARASOTA FL 34231

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 _____
 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) ☒
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, KURT F		NAME		
STREET ADDRESS	6624 GATEWAY AVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			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.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **4/15/02** Daytime Phone # **941-921-5375**

CR2E034 (9/01)