

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90442 011 ***150.00

DOCUMENT # *P00000043202*

1. Entity Name
 J & J Leasing Corp.

Principal Place of Business
 499 N. State Road 434, Suite 1071

Mailing Address
 Same

Altamonte Springs, FL
 32714

2. Principal Place of Business
 499 N. State Road 434

3. Mailing Address
 499 N. State Road 434

Suite, Apt. #, etc.
 Suite #1071

Suite, Apt. #, etc.
 Suite #1071

City & State
 Altamonte Springs, FL

City & State
 Altamonte Springs, FL

4. FEI Number
 59-3664776

Applied For
 Not Applicable

Zip
 32714

Country
 USA

Zip
 32714

Country
 USA

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

6. Name and Address of Current Registered Agent

John Hemphill
 499 N. State Road 434, Suite #1071
 Altamonte Springs, FL 32714

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00

Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	James E. Easley	
STREET ADDRESS	501 San Marie Avenue	
CITY - ST - ZIP	Altamonte Springs, FL 32714	
TITLE	Sec./Treas.	<input type="checkbox"/> Delete
NAME	John D. Hemphill	
STREET ADDRESS	2136 Chippewa Trail	
CITY - ST - ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 *John D. Hemphill Jr* JOHN D. HEMPHILL JR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 MAY 02 (407) 682-0070
 Date Daytime Phone #

CR2E034 (9/99)