

04-09-2003 90197 024 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P0000064103**

1. Entity Name  
**AUTOMOTIVE FINANCE & LEASING INC.**



Principal Place of Business      Mailing Address  
**800 COVE CAY DR. #4E**      **800 COVE CAY DR. #4E**  
**CLEARWATER, FL 33760**      **CLEARWATER, FL 33760**

2. Principal Place of Business      3. Mailing Address  
*2617 Cove Cay Dr*      *2617 Cove Cay Dr*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*#502*      *#502*

City & State      City & State  
*Clearwater Fl*      *Clearwater Fl*

Zip      Country      Zip      Country  
*33760*           *33760*



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VICOVEANU, SAVIN**  
**800 COVE CAY DR. #4E**  
**CLEARWATER, FL 33760**

4. FEI Number      Applied For  
**59-3659055**       Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing)

**PLEASE HOW TO FILE TO FILED**  
**FILED MAY 1, 2003**  
**Make Check payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VICOVEANU, SAVIN 800 COVE CAY DR. #4E CLEARWATER, FL 33760	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Savin Vicoveanu*      4/7/03      (727) 481-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/02)