

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90245 047 ***550.00

DOCUMENT # **00000082324**

1. Entity Name

OAKLAND PARK LEASING, INC.

Principal Place of Business

Mailing Address

1201 E. Oakland Park Blvd
 Ft. Lauderdale, FL 33334

52 W. Oakland Pk
 Blvd., #233
 Wilton Manors, FL
 33311

00063604

2. Principal Place of Business

3. Mailing Address

52 W. Oakland Pk Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#233

DO NOT WRITE IN THIS SPACE

City & State

City & State

Wilton Manors, FL

4. FEI Number

65-1036362

Applied For

Not Applicable

Zip

Country

Zip

Country

33311

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
 1200 S. Pine Island Rd
 Plantation, FL 33324

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, 2001 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 President ☒ Delete
 NAME Alex Mowry
 STREET ADDRESS 1201 E Oakland Pk Blvd
 CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE President ☒ Change ☐ Addition
 NAME Craig Eugene Schulkins
 STREET ADDRESS 52 W. Oakland Pk Blvd #233
 CITY-ST-ZIP Wilton Manors, FL 33311

TITLE Secretary ☒ Delete
 NAME Alex Mowry
 STREET ADDRESS Same as above
 CITY-ST-ZIP

TITLE Secretary ☒ Change ☐ Addition
 NAME Craig Eugene Schulkins
 STREET ADDRESS Same as above
 CITY-ST-ZIP

TITLE Treasurer ☒ Delete
 NAME Alex Mowry
 STREET ADDRESS Same as above
 CITY-ST-ZIP

TITLE Treasurer ☒ Change ☐ Addition
 NAME Craig Eugene Schulkins
 STREET ADDRESS Same as above
 CITY-ST-ZIP

TITLE Director ☒ Delete
 NAME Alex Mowry
 STREET ADDRESS Same as Above
 CITY-ST-ZIP

TITLE Director ☒ Change ☐ Addition
 NAME Craig Eugene Schulkins
 STREET ADDRESS Same as above
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Craig E. Schulkins

Craig Eugene Schulkins, Pres.

8/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr

CR2E034 (11/00)