

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000086672**

1. Entity Name

JARAD LEASING & RENTALS, INC.**FILED****Mar 19, 2001 8:00 am**
Secretary of State

03-19-2001 90075 035 ***150.00

Principal Place of Business

Mailing Address

**9598 VONN RD
SEMINOLE FL 33716****9598 VONN RD
SEMINOLE FL 33716**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3672656

Applied For

Not Applicable

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****BURKS, SALLY P
9598 VONN RD
SEMINOLE FL 33716**

Name

Burks, Sally P.

Street Address (P.O. Box Number is Not Acceptable)

9598 Vonn Road

City

Seminole**FL**Zip Code
33776

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

Sally P. Burks

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 State10. 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** ☐ Delete
NAME **BURKS, SALLY P**
STREET ADDRESS **9598 VONN RD**
CITY-ST-ZIP **SEMINOLE FL 33716**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Change ☒ Addition
NAME **Lombardi, Rita A**
STREET ADDRESS **13642 Serena Drive**
CITY-ST-ZIP **Largo, FL 33774**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Change ☒ Addition
NAME **Montie, Carol P**
STREET ADDRESS **8673 Pinetree Drive N.**
CITY-ST-ZIP **Seminole, FL 33772**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rita A Lombardi 3/16/01 (720) 726-3301

CR2E034 (10/00)