CR2E034 (9/01

## 2002 Uniform Business Report (UBR)

changed, or on an attachment with

SIGNATURE:

## Mar 29, 2002 8:00 am § Secretary of State DOCUMENT # P00000086672 1. Entity Name 03-29-2002 90834 014 \*\*\*150 00 JARAD LEASING & RENTALS, INC. Principal Place of Business Mailing Address 9598 VONN RD 9598 VONN RD SEMINOLE FL 33716 SEMINOLE FL 33716 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3672656 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURKS, SALLY P Street Address (P.O. Box Number is Not Acceptable) **9598 VONN RD** SEMINOLE FL 33776 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition Delete TITLE TITLE BURKS, SALLY P NAME NAME STREET ADDRESS STREET ADDRESS 9598 VONN RD CITY-ST-ZIP SEMINOLE FL 33716 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME LOMBARDI, RITA A NAME STREET ADDRESS STREET ADDRESS 13642 SERENA DRIVE CITY\_ST-ZIP-CITY-ST-ZIP LARGO FL 337.74 -□.Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME MONTIE, CAROL P STREET ADDRESS STREET ADDRESS 8673 PINETREE DRIVE N CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE ☐ Change 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