## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 22, 2001 8:00 am Secretary of State DOCUMENT # P00000113824 NOW LEASING INC. 02-08-2001 90030 008 \*\*\*150.00 Principal Place of Business Mailing Address 501-C INDUSTRIAL STREET 501-C INDUSTRIAL STREET LAKE WORTH FL 33461 LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For <u>65-1066425</u> Not Applicable . Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ATWELL, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) **501-C INDUSTRIAL STREET** LAKE WORTH FL 33461 City 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) 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, 2001 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 12. ☐ Change TITI F Delete TITLE PRESIDENT Addition NAME NAME ATWELL CHRISTOPHER STREET ADDRESS STREET ADDRESS 7541 KINGSLEY COURT CITY-ST-ZIP CITY-ST-7IP AKE WORTH *3346*7 DIRECTOR TEL Addition TITLE Delete TITLE ☐ Change VANN, ARTHUR NAME NAME 6419 STONEHURST CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition -TITLE Delete---mt. ELIZABETH NAME NAME KINGSLEY COURT STREET ADDRESS STREET ADDRESS 7541 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 DIRECTOR Addition ☐ Defete TITLE TITLE VANN, SANDRA NAME NAME 6419 STONEHURST CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AKE WORTH ACLOUNTAN ☐ Delete ☐ Change TITLE ATWELL, NEVILLE NAME NAME 6435 BRANCHWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete **I**th F ☐ Change ☐ Addition 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 received of processing accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receive changed, or on an attachment

ATWELL OF SIGNING OFFICER OR DIRECTOR

NTED NAME OF SIGNI

SIGNATURE: