

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90127 041 ***150.00

DOCUMENT # P00000117116

1. Entity Name
GUNN & COMPANY LEASING, INC.



Principal Place of Business
4345 SOUTHPOINT BLVD., #100
JACKSONVILLE FL 32216

Mailing Address
4345 SOUTHPOINT BLVD., #100
JACKSONVILLE FL 32216

90013358



2. Principal Place of Business

4887 Belfort Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

58-2591209

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

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

GUNN, MARSHALL D JR
4345 SOUTHPOINT BLVD., #100
JACKSONVILLE FL 32216

Name

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

4887 Belfort Rd.

Suite 201

Jacksonville

FL

Zip Code

32256

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

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GUNN, JR, MARSHALL D**
STREET ADDRESS **4345 SOUTHPOINT BLVD # 100**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ Change ☐ Addition
NAME **4887 Belfort Rd. #201**
STREET ADDRESS **Jacksonville FL 32256**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **WILD, VICKY G**
STREET ADDRESS **4345 SOUTHPOINT BLVD # 100**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ Change ☐ Addition
NAME **4887 Belfort Rd. #201**
STREET ADDRESS **Jacksonville FL 32256**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BARLEY, SR, DAVID P**
STREET ADDRESS **4345 SOUTHPOINT BLVD # 100**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ Change ☐ Addition
NAME **4887 Belfort Rd. #201**
STREET ADDRESS **Jacksonville FL 32256**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **KELLY, SUSAN R**
STREET ADDRESS **4345 SOUTHPOINT BLVD # 100**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ Change ☐ Addition
NAME **4887 Belfort Rd. #201**
STREET ADDRESS **Jacksonville FL 32256**
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

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:

SIGNATURE
SUSAN R. KELLY

1/20/03

Date

904-296-2024

Daytime Phone #

CR2E034 (10/02)