

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90102 026 ***150.00

DOCUMENT # *P01000052711*

1. Entity Name

CARL FISCHER LEASING, INC. ✓

DO NOT WRITE IN THIS SPACE

10038225

2. Principal Place of Business

2881 Jefferson Street

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 138

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Marianna, FL

City & State

Marianna, FL

4. FEI Number

59-3721891

Applied For

Not Applicable

Zip

32446

Country

Jackson

Zip

32447

Country

Jackson

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Thomas C. Wilkinson

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

2881 Jefferson Street

City

Marianna

FL

Zip Code

32446

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE President
NAME Lawrence J. Povlacs
STREET ADDRESS 4629 South Park Ext.
CITY - ST - ZIP Dothan, AL 36301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Vice President/Treasurer
NAME James C. Ellis
STREET ADDRESS 101 Executive Park Drive
CITY - ST - ZIP Dothan, AL 36303

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Secretary
NAME Thomas C. Wilkinson
STREET ADDRESS 2881 Jefferson Street
CITY - ST - ZIP Marianna, FL 32446

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James C. Ellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #