

5/20

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-20-2002 90122 021 ***150.00

DOCUMENT # P01000059358

1. Entity Name
P.D.B. LEASING, INC.

Principal Place of Business
311 OAKLAND AVENUE
CLERMONT FL 34711

Mailing Address
311 OAKLAND AVENUE
CLERMONT FL 34711

2. Principal Place of Business
652 Westview Dr
 Suite, Apt. #, etc.

3. Mailing Address
652 Westview Dr
 Suite, Apt. #, etc.

City & State
Clermont FL

City & State
Clermont, FL

4. FEI Number
59-3733012

Applied For
☐ Not Applicable

Zip
34711

Country

Zip
34711

Country

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**

WOLF, MICHAEL H
1876 NORTH UNIVERSITY DRIVE - #3
PLANTATION FL 33322

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **PAUL BROWN**
 CITY-ST-ZIP **652 WESTVIEW DR. CLERMONT FLA 34711**

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **PAUL D BROWN**
 CITY-ST-ZIP **652 WESTVIEW DR. CLERMONT FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ 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 an other like empowered.

SIGNATURE:  **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

Daytime Phone #

352-516-3304

CR2E034 (9/01)