

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91620 041 ***150.00

DOCUMENT # P01000101744

1. Entity Name

PROFESSIONAL LEASING, INC.

Principal Place of Business

P.O. BOX 7663

WINTER HAVEN FL 33883

Mailing Address

P.O. BOX 7663

WINTER HAVEN FL 33883

2. Principal Place of Business

POB 7663

Suite, Apt. #, etc.

3. Mailing Address

POB 7663

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL

Zip

33883

Country

FL

City & State

WINTER HAVEN FL

Zip

33883

Country

FL

4. FFI Number

59 219 6526

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, WILLIAM G

2106 HAVENDALE BLVD.

WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

SAME

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, WILLIAM G	
STREET ADDRESS	P.O. BOX 7663	
CITY-ST-ZIP	WINTER HAVEN FL 33883	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: W.G. BENNETT JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-02 (863) 293-6960

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

#P01000101724

435758

**PROFESSIONAL
LEASING
INCORPORATED**

P.O. BOX 7663 • WINTER HAVEN, FLORIDA 33883 • (863) 293-1376

5-9-02

RECEIVED UBR IN MAIL ON 5-8-02.

CALL 800# AND SPOKE TO LYNN, AND
WAS ADVISED TO PAY ONLY THE "150"
AND ENCLOSE A NOTE EXPLAINING
WHY -

THANKS

