

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90227 032 ***150.00

DOCUMENT # P01000106699



1. Entity Name
DMV LEASING, INC

Principal Place of Business
**4036 EDISON AVE
FT MYERS FL 33916**

Mailing Address
**4036 EDISON AVE
FT MYERS FL 33916**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1149462**

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip 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

**GLOVER, DAVID J
4036 EDISON AVE
FT MYERS FL 33916**

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. 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 \$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	<input type="checkbox"/> Delete
NAME	GLOVER, DAVID J	
STREET ADDRESS	1507 BRAEBURN RD	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAGLIONE, MARK	
STREET ADDRESS	4608 SE 6TH AVE 1C	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLOVER, ELIZABETH D	
STREET ADDRESS	295 BUFFALO WAY N	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	T	<input type="checkbox"/> Delete
NAME	GLOVER, WILLIAM P II	
STREET ADDRESS	172 DOO LANE	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: **DAVID J GLOVER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/4/03** Daytime Phone #: **239-337-4404**

CR2E034 (10/02)