

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000041831

1. Entity Name

FUN LEASING-INC.



FILED

03 DEC 23 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 LAND O LAKES BLVD

3. Mailing Address

1901 BRINSON

Suite, Apt. #, etc.

113-200

Suite, Apt. #, etc.

S4

City & State

LUTZ, FL.

City & State

LUTZ, FL.

4. FET Number 33/024326

Applied For

Not Applicable

Zip

33549

Country

PASCO

Zip

33558

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CLAUDE T. BOWEN

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

1901 BRINSON RD. Q1

City

LUTZ,

FL

Zip Code

33558

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 or / of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

12-16-03

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
CHRISTINE T. BLUM
1901 BRINSON Rd S4
LUTZ FL 33558

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TREASURER
CHRISTINE T. BLUM
1901 BRINSON Rd S4
LUTZ, FL. 33558

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VICE PRESIDENT
CHARLES MULLEN
1901 BRINSON Rd UNIT 16
LUTZ FL. 33558

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SECRETARY
CHARLES MULLEN
1901 BRINSON Rd UNIT 16
LUTZ FL. 33558

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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SECRETARY
CHARLES MULLEN
1901 BRINSON Rd UNIT 16
LUTZ FL. 33558

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)(f), 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:

Christine T. Blum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-03

Date

813-363-9239

Daytime Phone #

CR2E034B (12/02)