

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0012568
AT

DOCUMENT # P02000125992

1. Entity Name

TWOSON LEASING COMPANY, INC.



Principal Place of Business

131 SE 8TH AVE.

OKEECHOBEE FL 34974

Mailing Address

131 SE 8TH AVE.

OKEECHOBEE FL 34974

2. Principal Place of Business

131 SE 8TH AVE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 2260

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Belle Glade

City & State

FL 33430

4. FEI Number

03-0495991

Applied For

Not Applicable

Zip

33430

Country

OKEECHOBEE

Zip

34974

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAMES M ESQ.

1211 THE PLAZA

SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent

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 IS \$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

TITLE ☐ Delete

NAME
D ANTUNA, JOSE M II
STREET ADDRESS
2018 HENLEY PLACE
CITY-ST-ZIP
WELLINGTON FL 33414

TITLE ☐ Delete

NAME
D ANTUNA, JUAN C
STREET ADDRESS
14339 PADDOCK DR.
CITY-ST-ZIP
WELLINGTON FL 33414

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☒ 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 all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)