

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90745 001 ***770.00

DOCUMENT # P93000033360

1. Entity Name

LEASING CONCEPTS, INC. #1

*N/A
 Feb
 12/26/00
 MAM*

Principal Place of Business

Mailing Address

**237 9TH AVE N
 JACKSONVILLE BEACH FL 32250
 US**

**237 9TH AVE N
 JACKSONVILLE BEACH FL 32250
 US**

4645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8841 West Terry Street

3. Mailing Address

8841 West Terry Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Bonita Springs FL

4. FEI Number

59-3183630

Applied For

Not Applicable

Zip

Country

34135

USA

Zip

Country

34135

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, W. STEVE
 237 9TH AVE. N.
 JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name

CASEY, PATRICK E ESQ

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

9240 Bonita Beach Rd., Ste 2209

City

Bonita Springs

FL

Zip Code

34135

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

4/25/01

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, 2001 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 **P** ☒ Delete
 NAME **BROWN, W. S**
 STREET ADDRESS **237 9TH AVE N**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **PVST** ☐ Change ☒ Addition
 NAME **BARRETT, W. THOMAS**
 STREET ADDRESS **8841 West Terry Street**
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **VP** ☒ Delete
 NAME **GAINER, MICHAEL C**
 STREET ADDRESS **237 9TH AVE N**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

W. Thomas Barrett IV
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
 Date

(941) 947-7747
 Daytime Phone #

CR2E034 (10/00)