

DOCUMENT # P93000036827
1. Entity Name
PRO LEASING CORP.

Principal Place of Business Mailing Address
600 W. HILLSBORO BLVD. 600 W. HILLSBORO BLVD.
SUITE 510 SUITE 510
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
GILBERT, JAMES D
600 W. HILLSBORO BLVD.
SUITE 510
DEERFIELD BEACH FL 33442

4. FEI Number 65-0425115 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P GILBERT, JAMES D 600 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442
T KENNEDY, TOM 600 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442
S KREIGEL, PAT 600 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

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: _____ Date: 1/4/2001 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90046 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)