FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am Secretary of State P93000036827 DOCUMENT # 1. Entity Name 02-07-2002 90014 045 ***150.00 PRO LEASING CORP. Mailing Address Principal Place of Business 600 W. HILLSBORO BLVD. 600 W. HILLSBORO BLVD. SHITE 510 **SUITE 510** DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0425115 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GILBERT, JAMES D Street Address (P.O. Box Number is Not Acceptable) 600 W. HILLSBORO BLVD. SUITE 510 **DEERFIELD BEACH FL 33442** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE GILBERT, JAMES D NAME NAME 600 W. HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME KENNEDY, TOM NAME 600 W. HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE KREIGEL, PAT NAME NAME STREET ADDRESS STREET ADDRESS 600 W. HILLSBORO BLVD. CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS

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, o chment with an add all other like empowered.

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. GILBERT

(954) 419-1000