

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 13, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000040293**1. Entity Name  
FUNTIME LEASING, INC.

## Principal Place of Business

190 OCEAN KEY WAY

JUPITER  
33477

FL

## Mailing Address

190 OCEAN KEY WAY

JUPITER  
33477

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**59-3187374**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

JOHNSON BRIAN  
7190 SEMINOLE BLVD.SEMINOLE  
34642

US

FL

## 7. Name and Address of New Registered Agent

Name

AMBROSE PAT

Street Address (P.O. Box Number is Not Acceptable)  
8558 KING ST NCity  
SEMINOLE

FL

Zip Code  
33772

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 **PATRICK AMBROSE****09/13/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 LUEHRS CATHERINE L  
STREET ADDRESS 190 OCEAN KEY WAY  
CITY-ST-ZIP JUPITER FL 33477TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP ☐ Delete  
NAME LUEHRS JAMES  
STREET ADDRESS 190 OCEAN KEY WAY  
CITY-ST-ZIP JUPITER FL 33477TITLE ☐ Change ☐ Addition  
NAME  
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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: **CATHERINE LUEHRS**

P

09/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)