

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043395

1. Entity Name

MGI LEASING, INC.

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90044 043 ***150.00

Principal Place of Business

Mailing Address

% CONNIE C. CARPENTER
428 5TH STREET
ORLANDO FL 32824

% CONNIE C. CARPENTER
428 5TH STREET
ORLANDO FL 32824-8211

2. Principal Place of Business

1700 13TH STREET

3. Mailing Address

1700 13TH STREET

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

City & State

ST CLOUD FL

City & State

ST CLOUD FL

4. FEI Number

59-3190829

Applied For

Not Applicable

Zip

34769

Country

USA

Zip

34769

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, CONNIE C
428 5TH STREET
ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name

CONNIE C CARPENTER

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

1700 13TH STREET SUITE 1

City

ST CLOUD

FL

Zip Code

34769

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/15/00

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, 2000 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 PSTD
NAME CARPENTER, CONNIE C
STREET ADDRESS 428 5TH STREET
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 signatures.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00 407 957-2000

CR2E034 (9/99)