

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008067

1. Entity Name

LEASE INVESTMENT CORPORATION

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90054 039 ***150.00

Principal Place of Business

8641 BAYPINE ROAD, STE. 7
JACKSONVILLE FL 32256
US

Mailing Address

LEASE INVESTMENT
P.O. BOX 56823
JACKSONVILLE FL 32241-6823
US

2. Principal Place of Business

2732 Victorian Oaks Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

Country

32223

U.S.

Zip

Country

4. FEI Number

59-3222083

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYES, KEITH M
8641 BAYPINE ROAD, STE. 7
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name Smith, Kimberly
Street Address (P.O. Box Number is Not Acceptable)

2732 Victorian Oaks Dr.
City Jacksonville FL Zip Code 32223

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

Kimberly Smith
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, 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 P
NAME SMITH, SIDNEY
STREET ADDRESS 2732 VICTORIAN OAKS DR
CITY-ST-ZIP JACKSONVILLE FL 32223

☐ Delete

TITLE VST
NAME SMITH, KIMBERLY
STREET ADDRESS 2732 VICTORIAN OAKS DR
CITY-ST-ZIP JACKSONVILLE FL 32223

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-00 9042688653