2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000039733** Apr 06, 2000 8:00 am Secretary of State SECURITY CREDIT LEASING, INC. 04-06-2000 90037 012 ***158.75 Mailing Address Principal Place of Business P.O. BOX 671 CENTER POINT BUSINESS PARK BRANDON FL 33509-0671 1911 US HIGHWAY 301 NORTH. SUITE 300 TAMPA FL 33619 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3251574 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OTTINGER, TERRY J 1911 US HWY 301 N STE 300 **TAMPA FL 33619** Zip Code 336/9 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, typed or printed name of registered agent and title if applicable 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, 2000 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 Pavable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Addition TITLE ☐ Delete TITLE OHinger, J. Terry 4521 Mchican Trail OTTINGER, TERRY J NAME 4521 MOHICAN TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Valrico Fl 33594 VALRICE FL 33594 Change ☐ Addition TITLE ☐ Defete TITLE Ottoger, Ann W. OTTINGER, ANN W NAME 4521 Mohican Trail STREET ADDRESS STREET ADORESS 4521 MOHICAN TRAIL CITY-ST-ZIP CITY-ST-ZIP VALRICE FL 33594 ☐ Addition ☐ Change. _ Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7(P ☐ Delete TITLE Change ☐ Addition TITLE

13. I hereby certify that the information supplied with this filling 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 export is fue 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 life empowered.

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

MORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

nger 3-30-00

(813) 620-0505

☐ Change

☐ Addition

Daytime Phone #