

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070489

1. Entity Name

HERE TODAY LEASING CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90430 022 ***150.00

Principal Place of Business 6699 S MARINA WAY STUART FL 34996 US	Mailing Address 6699 S MARWA WAY STUART FL 34996 US
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2. Principal Place of Business 5915 Benjamin Center Drive Suite, Apt. #, etc.	3. Mailing Address 5915 Benjamin Center Drive Suite, Apt. #, etc.
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City & State Tampa, Florida	City & State Tampa, Florida
Zip 33634	Country U S A

4. FEI Number 65-0521983	Applied For - Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TEWKSBURY, BAIRD 6699 S MARINA WAY STUART FL 34996

7. Name and Address of New Registered Agent Name Allen L. Ware Street Address (P.O. Box Number is Not Acceptable) 5915 Benjamin Center Drive City Tampa, FL Zip Code 33634

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 Allen L. Ware Allen L. Ware 4/27/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEWKSBURY, BAIRD 6699 S MARINA WAY STUART FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Allen L. Ware 5915 Benjamin Center Drive Tampa, Florida 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEWKSBURY, GERALDINE 6699 S MARINA WAY STUART FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Allen L. Ware Allen L. Ware 4/27/00 813-887-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)