

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90086 001 \*\*\*150.00

0613551

**DOCUMENT # P95000017992**

1. Entity Name

**ORLANDO LEASING SYSTEMS, INC.**

Principal Place of Business

2909 W SR 434  
 SUITE 101  
 LONGWOOD FL 32779  
 US

Mailing Address

2909 W SR 434  
 SUITE 101  
 LONGWOOD FL 32779  
 US

2. Principal Place of Business

**14187 W. Colonial Drive**  
 Suite, Apt. #, etc.

3. Mailing Address

**14187 W. Colonial Drive**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Winter Garden, FL**

City & State

**Winter Garden, FL**

4. FEI Number **59-3297204**

Applied For

Not Applicable

Zip Country

**34787 Orange**

Zip Country

**34787 Orange**

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

6. Name and Address of Current Registered Agent

**MARTIN, JAMES H**  
**2909 W SR 434**  
**SUITE 101**  
**LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

**Michael J. Martin**

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

**14187 W. Colonial Drive**

City

**Winter Garden**

**FL**

Zip Code

**34787**

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

*Michael J. Martin*

**Michael J. Martin**

**4-24-01**

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

TITLE **D** ☒ Delete  
 NAME **O'FIESH, FRED G JR.**  
 STREET ADDRESS **2334 COLUMBINE COURT**  
 CITY-ST-ZIP **GAMBRILLS MD 21054**

TITLE **D** ☒ Delete  
 NAME **FLAHERTY, TIMOTHY P**  
 STREET ADDRESS **2325 COLUMBINE COURT**  
 CITY-ST-ZIP **GAMBRILLS MD 21054**

TITLE **D** ☐ Delete  
 NAME **MARTIN, JAMES H**  
 STREET ADDRESS **1592 BELFAST CT**  
 CITY-ST-ZIP **APOPKA FL**

TITLE **D** ☐ Delete  
 NAME **MARTIN, MICHAEL J**  
 STREET ADDRESS **7929 RIDGE POINTE DR.,E.**  
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

*Michael J. Martin*

**Michael J. Martin**

**4-24-01 407-877-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)