

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049113

Name

VIA LEASING, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90171 013 ***150.00

1. Place of Business

Mailing Address

19TH AVENUE
CAPE CORAL FL 33904

4418 S.E. 19TH AVENUE
CAPE CORAL FL 33904-6037

00013200

2. Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

4. State

City & State

4. FEI Number

04-3094585

Applied For

Not Applicable

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENEZIA, ROBERT J
4418 S.E. 19TH AVENUE
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

8. I, the undersigned, 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 supplied 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.

Robert J Venezia Robert J Venezia

(NOTE: Registered Agent signature required when reinstating)

1-14-2000

DATE

9. If the corporation is eligible to satisfy its intangible asset filing requirement and elects to do so, it shall file a statement of assets (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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS -ZIP	PSTD VENEZIA, ROBERT J 4418 S.E. 19TH AVENUE CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Robert J Venezia* Robert J Venezia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2000 941-549-7970

Date

Daytime Phone #

CR2E034 (9/99)