

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90049 006 ***150.00

052000 AV

DOCUMENT # P95000082115

1. Entity Name

AVLINE LEASING CORP.

Principal Place of Business

**806 SARASOTA QUAY
 SARASOTA FL 34236
 US**

Mailing Address

**806 SARASOTA QUAY
 SARASOTA FL 34236
 US**

2. Principal Place of Business

3. Mailing Address

565 Sanctuary Dr.

565 Sanctuary Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-402

A-402

City & State

City & State

Longboat Key, FL

Longboat Key, FL

Zip

Country

Zip

Country

34288

Sarasota

34288

Sarasota



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0619725

Applied For

Not Applicable

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

**MOBLEY, J. NEAL
 2070 RINGLING BLVD.
 SARASOTA FL 34237**

Name

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

City

FL

Zip Code

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

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	SIMON, LEWIS B.	
STREET ADDRESS	565 SANCTUARY-A402	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D/VP	<input type="checkbox"/> Delete
NAME	SIMON, SHERRILL A	
STREET ADDRESS	565 SANCTUARY DR. A402	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sherrill A. Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02

Date

941-383-2243

Daytime Phone #

CR2E034 (9/01)