## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000087591

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ERNST, TERRY M

1401 E SABAL RIDGE CR PALM BEACH GARDENS FL 33418

. Corporation Name

SUBURBAN LEASING INC

Principal Place of Business		Mailing Address		
1401 E SABAL RIDGE CR PALM BEACH GARDENS FL 33418		1401 E SABAL RIDGE CR PALM BEACH GARDENS FL 33418		
Principal Place of Business		2a. Mailing Address		
Principal Place of business		<u> </u>		
1		26 Suite, Apt. #, etc.		
]		26 Suite, Apt. #, etc.		

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9. Name and Address of Current Registered Agent

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90038 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 11/15/1995 4. FEI Number Applied For 65-0634244 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible □No ☐ Yes Personal Property Tax.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	ERNST, TERRY M	1.2 NAME				
STREET ADDRESS	1401 E SABAL RIDGE CR	1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CiTY-ST-ZiP				
TITLE	☐ DELETE	2.1 TTLE	☐ Change ☐ Addition			
NAME	•	2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS	•			
CITY-ST-ZIP	<u></u>	2. 4 CITY-ST-ZIP				
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3 4. CITY-ST-ZIP				
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME		4.2 NAME	·			
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME		5.2 NAME	:			
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME :	Court Billion Control	6.2 NAME				
		6.3 STREET ADDRESS				
CITY-ST-ZIP	· · · · ·	6.4 CITY-ST-ZIP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNASURE SIGNING OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 56/-624-4799
Date Daytime Phone #