2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

FILED DOCUMENT # P96000005716 Mar 22, 2000 8:00 am 1. Entity Name L & S LEASING, INC. **Secretary of State** 03-22-2000 90215 001 ***300.00 Mailing Address Principal Place of Business P.O. BOX 491040 1719 CITRUS BLVD. LEESBURG FL 34748 LEESBURG FL 34749-1040 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3386438 Not Applicable Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUKICH, D.D. Street Address (P.O. Box Number is Not Acceptable) 1719 N. CITRUS BLVD. 1412 MOSS WOOD DR. -SUTIE-390 LEES HURGIFL 34748 LEESBURG FL 34748 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ΠP Addition CR2E034 (9/99 Delete ☐ Change TITLE TITLE SCALES, KEY III NAME 16600 HWY 22 STREET ADDRESS STREET ADDRESS WEIRSDALE FL CITY-ST-ZIP CITY-ST-7IF ☐ Change Addition ☐ Delete TITLE TITLE SCALES, EARL L. NAME NAME 50 SUMMERFLIED RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEIRSDALE FL CITY-ST-ZIP SD ~ 🔲 Addition Delete TITLE D.D. LUKICH WKICH: D.D. NAME NAME 1412 Moss wood Or. 04337 EMMAUS RD-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEES BURGER 34748 FRUITLAND-FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE SCALES, EARL NAME MAME STREET ADDRESS 100 SUMMERFLIED RD. STREET ADDRESS CITY-ST-ZIE WEIRSDALE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver of trustee