03-30-2000 90005 038 ***150.00

FILED Mar 30, 2000 8:00 am Secretary of State



03 MARINA WAY UBURNDALE FL 33823		103 MARINA WAY AUBURNDALE FL 33823-9646						
2. Principal P	lace of Business	3. Mailing Address			(1)	1 1. 1 1111 1 1 1. 1 1. 1 1111 1 1 11		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITI	E IN THIS SPA	DE		
City & State	e	City & State		4. FEI Number 59-3393813	Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired		.75 Addi	itional	
	6. Name and Address of Current F	l Registered Agent	1	7. Name and Address of New Re	gistered Age	nt		
			Name	<u> </u>				
ARNDTSEN, KENNETH L 103 MARINA WAY			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	JRNDALE FL 33823							
			City		FL	Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	s registered office or reg	red agent, or both, in the State of Flor	ída.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE. Registered Agent signature rec	d when reinstating)	DATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. it and back)	After MAY 1, 26	III FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of	10. Election Campaign Fina Trust Fund Contribution			May Be to Fees	
11.	OFFICERS AND I	 DIRECTORS	12.	ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTORS	3 IN 11	
TITLE NAME STREET ADDRESS	P Arndtsen, Kenneth L 103 Marina Way	☐ Delete	TITLE NAME STREET ADDRESS] Change	☐ Addition	
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME) Change	Addition	
name Street address			STREET ADDRESS				[
CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP TITLE] Change	Addition	
NAME		. Deserte	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				ļ	
TITLE		☐ Delete	TITLE] Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME] Change	☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		Ė] Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
13. I hereby t	certify that the information supplied with	this filing does not qualify for	or the exemption stated in my signature shall have	ection 119.07(3)(i), Florida Statutes. (same legal effect as if made under o	further certify ath; that I am:	that the in an officer	nformation 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:

2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # **P96000036505**

KART LEASING, INC.

Principal Place of Business

3-27-2010 813-988-1316
Date Dayline Phone #