

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90369 015 ***150.00

DOCUMENT # P96000074856

1. Entity Name

PUGGIE LEASING, INC.

Principal Place of Business

**RT 15 BOX 117
JACKSONVILLE FL 32234**

Mailing Address

**RT 15 BOX 117
JACKSONVILLE FL 32234**

2. Principal Place of Business

4247 Southwood Rd

Suite, Apt. #, etc.

3. Mailing Address

4247 Southwood Rd

Suite, Apt. #, etc.

City & State

Baldwin FL

Zip **32234** Country **FL**

City & State

Baldwin FL

Zip **32234** Country **FL**

4. FEI Number

59-3400346

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TUTEN, JACQUELINE R
RT 15, BOX 117
JACKSONVILLE FL 32234**

7. Name and Address of New Registered Agent

Name **Jacqueline R. Tuten**

Street Address (P.O. Box Number is Not Acceptable) **4247 Southwood Rd**

City **Baldwin**

FL

Zip Code **32234**

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 **Jacqueline R. Tuten**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TUTEN, JACQUELINE R	
STREET ADDRESS	RT 15, BOX 117 4247 Southwood Rd	
CITY-ST-ZIP	JACKSONVILLE FL Baldwin 32234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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: **Jacqueline R. Tuten** **Jacqueline R Tuten** **4/12/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)