

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90468 046 ***150.00

DOCUMENT # P96000089263

1. Entity Name
DFK LEASING COMPANY



Principal Place of Business
**1515 E SILVER SPRINGS BLVD
SUITE 200
OCALA, FL 34470**

Mailing Address
**1111 NE 25TH AVE
SUITE 201
OCALA, FL 34470**

2. Principal Place of Business
7591 NW CR 25A
Suite, Apt. #, etc.

3. Mailing Address
7591 NW CR 25A
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
OCALA FL
Zip
34475
Country
US

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OCALA FL
Zip
34475
Country
US

4. FEI Number
59-3436828
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, H. RANDOLPH
333 NW 3 AVE
OCALA, FL 34475**

7. Name and Address of New Registered Agent

Name
ERNEST THURER
Street Address (P.O. Box Number Is Not Acceptable)
10912 NW 14th Ave
City
GAINESVILLE FL Zip Code
32606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]**
Signature, typed or printed name of registered agent and title if applicable.

3-12-2003
DATE

FILE NOW!!! FEE IS \$160.00
AFTER May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DILL, P. W 1744 S.E. 39TH TERR OCALA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ERNEST THURER 10912 NW 14th Ave GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ERNEST THURER 10912 NW 14th Ave GAINESVILLE, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ERNEST THURER 10912 NW 14th Ave GAINESVILLE, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-2003 (352) 331-8395
Date Daytime Phone #

CR2E034 (10/02)