2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P97000001586 Apr 26, 2000 8:00 am Secretary of State EASTERN LEASING, INC. 04-26-2000 90194 031 ***150.00 Principal Place of Business Mailing Address 600 S DIXIE HWY 600 S DIXIE HWY SUITE 210 SUITE 210 **BOCA RATON FL 33432-6034 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEi Number City & State 65-0734582 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAMES PRUDEN SUTTON, DONALD Street Address (P.O. Box Number is Not Acceptable) 600 S DIXIE HWY 370 W. CAMINO GARDENS BLVD., Suite 210 SUITE 202 **BOCA RATON FL 33432** Zip Code 3 3 4 3 2 BOCA RATON 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **₹** Delete TITI F TITLE SUTTON, DONALD NAME STREET ADDRESS 600 S DIXIE HWY SUITE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME Draxl. Kurt NAME STREET ADDRESS STREET ADDRESS 600 S DIXIE HWY STE 202 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change Addition Delete TITLE TITLE MAME KEMP, PHILLIP---NAME STREET ADDRESS 600 S DIXIE HWY STE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL.** ☐ Change ☐ Addition ☐ Delete TITLE TITLE WALCHER, GUNTHER NAME NAME STREET ADDRESS STREET ADDRESS 600 S DIXIE HWY STE 202 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.