

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018018

1. Entity Name

PUNTA GORDA LEASING CO.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90032 017 \*\*\*150.00

Principal Place of Business

227 TAYLOR ST  
PUNTA GORDA FL 33950  
US

Mailing Address

232 LIDO DRIVE  
PUNTA GORDA FL 33950-6346

2. Principal Place of Business

3. Mailing Address

227 TAYLOR STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
PUNTA GORDA, FL

4. FEI Number

65-0752924

Applied For

Not Applicable

Zip

Country

Zip  
33950

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRIOS, RENE  
232 LIDO DR.  
PUNTA GORDA FL 33950

Name

ANTONIO LEMUS, CPA

Street Address (P.O. Box Number is Not Acceptable)

112 MARCIA DRIVE

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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

ANTONIO LEMUS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME S  
STREET ADDRESS VALLADARES, BLANCA  
CITY-ST-ZIP 227 TAYLOR ST  
PUNTA GORDA FL 33950

TITLE ☒ Change ☐ Addition  
NAME PS  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS VALLADARES, IVETTE  
CITY-ST-ZIP 227 TAYLOR ST  
PUNTA GORDA FL 33950

TITLE ☒ Change ☐ Addition  
NAME VT  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME P  
STREET ADDRESS BARRIOS, RENE  
CITY-ST-ZIP 227 TAYLOR ST  
PUNTA GORDA FL 33950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO LEMUS

Date

Daytime Phone #

CR2E034 (9/99)