

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000018018**

1. Entity Name

PUNTA GORDA LEASING CO.**FILED****Mar 13, 2001 8:00 am**
Secretary of State

03-13-2001 90304 008 ***150.00

Principal Place of Business

232 LIDO DR.
PUNTA GORDA FL 33950
US

Mailing Address

227 TAYLOR ST
PUNTA GORDA FL 33950
US

2. Principal Place of Business

227 TAYLOR ST.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

4. FEI Number **65-0752924**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEMUS, ANTONIO CPA
112 MARCIA DRIVE
ALTAMONTE SPRINGS FL 32714

Name

BLANCA VALLADARES

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

227 TAYLOR ST.

City

PUNTA GORDA

FL

Zip Code

33950

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **PS** ☐ Delete
NAME **VALLADARES, BLANCA**
STREET ADDRESS **227 TAYLOR ST**
CITY-ST-ZIP **PUNTA GORDA FL 33950**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VT** ☐ Delete
NAME **VALLADARES, VETTE**
STREET ADDRESS **227 TAYLOR ST**
CITY-ST-ZIP **PUNTA GORDA FL 33950**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

2/5/01**941-575-1333**

CR2E034 (10/00)