## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P97000028441** May 01, 2000 8:00 am Secretary of State MIDNIGHT EXPRESS LEASING, INC. 05-01-2000 90383 050 \*\*\*150.00 Principal Place of Business Mailing Address 1406 HAYWARD AVENUE 1406 HAYWARD AVENUE DELTONA FL 32725 **DELTONA FL 32738-9756** 2. Principal Place of Business Mailing Address 1710 Ha 140 M Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3433897 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURNER, HELEN M Street Address (P.O. Box Number is Not Acceptable) 1406 HAYWARD AVE **DELTONA FL 32738** b5 $\sigma \omega_{ u}$ 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. PSTD PTD ☐ Delete TITLE ☐ Addition TITLE TURNER, GREGORY R NAME NAME STREET ADDRESS STREET ADDRESS 1406 HAYWARD AVE CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738** VSD Change ☐ Addition ☐ Delete TiTLE-TURNER, HELEN M NAME STREET ADDRESS 1406 HAYWARD AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DELTONA FL 32738** Change Addition Delete TITLE " TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.11.2000

(407) 584383 Daytime Phone #