

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031515

1. Entity Name
EXECUTIVE NATIONAL LEASING, INC.



Principal Place of Business
1202 N. 19TH ST., #100
TAMPA, FL 33605

Mailing Address
1202 N. 19TH ST., #100
TAMPA, FL 33605

2. Principal Place of Business
1116 JACKSON ST., N
Suite, Apt. #, etc.

3. Mailing Address
1116 JACKSON ST., N.
Suite, Apt. #, etc.

City & State
ST. PETERSBURG
Zip
33705
Country
U.S.A.

City & State
ST. PETERSBURG, FL
Zip
33705
Country
U.S.A.

4. FEI Number
59-3440290

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARCADIS, RALPH S
4062 HENDERSON BLVD.
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

(NOTE: Registered Agent Signature required when registering)

DATE

FILE NOW! FEE IS \$50.00
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	D	<input type="checkbox"/> Delete
NAME	PINNEY, MIKE	
STREET ADDRESS	1202 N. 19TH ST., #100	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1116 JACKSON ST., NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/03

Date

Daytime Phone #

CR2E034 (10/02)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91147 044 ***158.75

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