

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048726

1. Entity Name

AUTOLEASECHECK.COM, INC.

FILED

05 MAR -8 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-04

Principal Place of Business
12730 NEW BRITTANY ROAD #205
FORT MYERS FL 33907

Mailing Address
12730 NEW BRITTANY ROAD #205
FORT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0989898

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

LITTMAN, ERIC P
7695 SW 104 STREET
210
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name MARK Brecher
Street Address (P.O. Box Number is Not Acceptable) 6400 STANDING OAKS LN.
City NAPLES FL Zip Code 34119

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

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, 2002 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

TITLE	MDC	<input type="checkbox"/> Delete
NAME	FREY, DARRYL	
STREET ADDRESS	12730 NEW BRITTANY ROAD #205	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FREY, KENNETH	
STREET ADDRESS	12730 NEW BRITTANY ROAD #205	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRECHER, MARK	
STREET ADDRESS	12730 NEW BRITTANY ROAD #205	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DICKSON, JUDGE A	
STREET ADDRESS	12730 NEW BRITTANY ROAD #205	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MUDDAPU, BALARAM	
STREET ADDRESS	12730 NEW BRITTANY ROAD #205	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PAYNE, SHANNON L	
STREET ADDRESS	PO BOX 299	
CITY-ST-ZIP	KALAMAZOO MI 49004	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400048847854	
CITY-ST-ZIP	03/22/05--01027--007 **1200.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000048847890	
CITY-ST-ZIP	03/22/05--01027--008 **8.75	
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		

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

June 1, 2002 239 293-1653
Date Daytime Phone #