

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000064174**1. Entity Name  
CORNERSTONE LEASING, INC.

## Principal Place of Business

3936 PAUL S BUCHMAN HWY

ZEPHYRHILLS

33540

FL

US

## Mailing Address

3936 PAUL S BUCHMAN HWY

ZEPHYRHILLS

33540

FL

US

## 2. Principal Place of Business

3936 PAUL S. BUCHMAN HWY

## 3. Mailing Address

3936 PAUL S. BUCHMAN HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

ZEPHYRHILLS

FL

## City &amp; State

ZEPHYRHILLS

FL

Zip  
33540Country  
USZip  
33540Country  
US

## 4. FEI Number

59-3462436

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HUBBARD MARY JANE  
3936 PAUL S BUCHMAN HWY

ZEPHYRHILLS

33540

FL

US

## 7. Name and Address of New Registered Agent

## Name

HUBBARD MARY JANE

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

3936 PAUL S. BUCHMAN HWY

## City

ZEPHYRHILLS

FL

Zip Code  
33540

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)

05/01/2001

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, 2001 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 V ☐ Delete  
NAME ANTHONY CARL A  
STREET ADDRESS 103 FOXWOOD DR  
CITY-ST-ZIP BRANDON FL 33510TITLE VS ☐ Delete  
NAME WINSBRO KENNETH  
STREET ADDRESS 12217 JEFFERY LN  
CITY-ST-ZIP DADE CITY FL 33525TITLE VT ☐ Delete  
NAME HUBBARD C. DOUGLAS  
STREET ADDRESS 6449 COUNTRY CLUB RD.  
CITY-ST-ZIP WESLEY CHAPEL FL 33544TITLE DP ☐ Delete  
NAME HUBBARD MARY J  
STREET ADDRESS 6449 COUNTRY CLUB RD.  
CITY-ST-ZIP WESLEY CHAPEL FL 33544TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☒ Change ☐ Addition  
NAME ANTHONY CARL A  
STREET ADDRESS 103 FOXWOOD DR  
CITY-ST-ZIP BRANDON FL 33510TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VTS ☒ Change ☐ Addition  
NAME HUBBARD C. DOUGLAS  
STREET ADDRESS 6449 COUNTRY CLUB RD.  
CITY-ST-ZIP WESLEY CHAPEL FL 33544TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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: MARY JANE HUBBARD**

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)