

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90045 047 ***158.75

MAJORC
 AV

DOCUMENT # P97000087505

1. Entity Name

ARE LEASING AND CONSULTING, INC.

Principal Place of Business

1507 LAKELAND HILLS BLVD

STE 109

LAKELAND FL 33805

US

Mailing Address

PO BOX 93496

LAKELAND FL 33804

2. Principal Place of Business

P.O. Box 93496

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, Fl.

City & State

Lakeland, Fl.

Zip

338043496

Country

USA

Zip

33804

Country

USA

4. FEI Number

59-3473750

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LUNDY, LYNVILLE

3444 AVENUE E NORTH WEST

WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

Lundy, Timothy A

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

557 Hunters Run Blvd.

City

Lakeland, Fl.

FL

Zip Code

33809

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  **Timothy A Lundy** **1/23/2002**

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 **PVST** ☐ Delete
 NAME **LUNDY, TIMOTHY A**
 STREET ADDRESS **1507 LAKELAND HILLS BLVD #109**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
 NAME **Lundy, timothy A**
 STREET ADDRESS **557 Hunters Run Blvd.**
 CITY-ST-ZIP **Lakeland, FL 33809**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:  **Timothy A Lundy** **1/23/2002** **863 602.8674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)