

# UNIFORM BUSINESS REPORT (UBR)

2002

DOCUMENT # P97000-108428

1. Entity Name  
SOUTHERN LEASE AND FINANCE CORP

FILED

02 MAR 25 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2530 SE 22 AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
2530 SE 22 AVENUE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CAPE CORAL, FL  
Zip  
33904  
Country  
USA

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33904  
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4. FEI Number  
65-0878164  
Applied For  
Not Applicable

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

DO NOT WRITE  
IN THIS SPACE

## 7. Name and Address of Current Registered Agent

Name  
CHERYL COLLINS  
Street Address (P.O. Box Number is Not Acceptable)  
2530 SE 22 AVENUE  
City  
CAPE CORAL  
FL  
Zip Code  
33904

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  
Cheryl Collins

3/9/02

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. PRESIDENT OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHERYL COLLINS 2530 SE 22 AVENUE CAPE CORAL, FL 33904
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DO NOT WRITE  
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE  
Cheryl Collins

PRESIDENT

3/9/02 305-986-4700

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