

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000000415****1. Entity Name**
RENT TO OWN LEASING CO., INC.**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90065 018 ***150.00

Principal Place of Business**3135 16TH STREET NORTH**
ST PETERSBURG FL 33704**Mailing Address****3135 16TH STREET NORTH**
ST PETERSBURG FL 33704**902184**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3485600**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****MASSIMINI, MIKE CPA**
3135 16TH ST N
SAINT PETERSBURG FL 33704**7. Name and Address of New Registered Agent**

Name

MITCHELL, MIKE

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

3135 16TH ST N

City

ST PETE

FL

Zip Code

33704**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

1/11/01**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	PD	<input type="checkbox"/> Delete
NAME	MITCHELL, MICHAEL D F	
STREET ADDRESS	3135 16TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHITACRE, WHITNEY W	
STREET ADDRESS	3135 16TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITACRE, DONALD D	
STREET ADDRESS	3135 16TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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

Date

Daytime Phone #

CR2E034 (10/00)