

UNIFORM BUSINESS REPORT (UBR)MENT # **P98000015678****ELITE AUTO LEASING & SALES, INC.****FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90067 044 ***150.00

Principal Place of Business
5584 S. NOVA RD
PORT ORANGE FL 32127

Mailing Address
5584 S. NOVA RD
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3496518**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

HUGHES, BARRY E
2001 SOUTH RIDGEWOOD AVE
SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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	D	<input type="checkbox"/> Delete
NAME	SORIERO, LISA	
STREET ADDRESS	19 APPLEWOOD CIRCLE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	V	<input type="checkbox"/> Delete
NAME	PALLADINO, ANTHONY	
STREET ADDRESS	1 TROPICAL LANE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA PALLADINO	
STREET ADDRESS	10 SUNSET TERRACE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY PALLADINO	
STREET ADDRESS	10 SUNSET TERRACE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
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 indicate 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, of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name has not been 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

1-6-00

CR2E034 (10/00)

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

2000-0000935 DB

(APPLICATION NUMBER)

(STATE FILE NUMBER)

*attestament
 00000935
 D# P980061510*
 Name Lisa Soriero
 Changed to Palladino
 Lisa Palladino
 Due to marriage
 also address
 change to 10 Sunset Terrace

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ANTHONY PALLADINO			2. DATE OF BIRTH (Month, Day, Year) 1/23/2029		
3a. RESIDENCE - CITY, TOWN, OR LOCATION DAYTONA BEACH		3b. COUNTY VOLUSIA		3c. STATE FL	
4. BIRTHPLACE (State or Foreign Country) PA					
5a. BRIDE'S NAME (First, Middle, Last) LISA DIANE SORIERO			5b. MAIDEN SURNAME (if different) DICK		
6. DATE OF BIRTH (Month, Day, Year) 6/18/1946					
7a. RESIDENCE - CITY, TOWN, OR LOCATION DAYTONA BEACH		7b. COUNTY VOLUSIA		7c. STATE FL	
8. BIRTHPLACE (State or Foreign Country) CA					

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>[Signature]</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 6/5/2000	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 6/5/2000	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE VOLUSIA		18. DATE LICENSE ISSUED 6/5/2000		19a. DATE LICENSE EFFECTIVE 6/8/2000		19. EXPIRATION DATE 8/7/2000	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>				20b. TITLE CLERK OF THE COUNTY COURT			
				20c. BY D.C. <i>[Signature]</i>			

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) June 17, 2000		22. CITY, TOWN, OR LOCATION OF MARRIAGE Daytona Beach, FL.	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>		23c. ADDRESS (Of person performing ceremony) 20905 Nova Rd Daytona Beach, FL.	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) ROBERT D FRAZER CLERK PUBLIC STATE OF FLORIDA COMMISSION NO. 0041812		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26. SOCIAL SECURITY NUMBER 181-20-8139		27. RACE WHITE		28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		29a. NO. OF THIS MARRIAGE 4		29b. LAST MARRIAGE ENDED BY (Death, Divorce or Annulment) DIVORCE		29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 6/3/1998	
30. SOCIAL SECURITY NUMBER 545-62-3062		31. RACE WHITE		32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		33a. NO. OF THIS MARRIAGE 3		33b. LAST MARRIAGE ENDED BY (Death, Divorce or Annulment) DIVORCE		33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 6/24/1994	