

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 98000073180**

1. Entity Name  
**LEASE TO BUY, INC.**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90148 025 \*\*\*158.75

Principal Place of Business  
**3314 Henderson Blvd.  
Suite 100  
Tampa, FL 33609**

Mailing Address  
**P.O. Box 18877  
Tampa, FL 33679-8877**

00054855

2. Principal Place of Business  
**3314 Henderson Blvd.  
Suite, Apt. #, etc.  
Suite 100**

3. Mailing Address  
**P.O. Box 18877  
Suite, Apt. #, etc.**

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip  
**33609**

Country  
**USA**

Zip  
**33679-8877**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3535649**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BROD, SHERMAN M., Attorney  
19209 Highway 41 N.  
Lutz, FL 33549**

7. Name and Address of New Registered Agent

Name  
**Sherman M. Brod, Atty.**

Street Address (P.O. Box Numbers Not Acceptable)  
**3314 Henderson Blvd.  
Suite 100**

City  
**Tampa**

FL  
**33609**

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 **Sherman M. Brod** DATE **4/28/2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D., Pres, Treas. &amp; Secy. BROD, SANDRA CRANE 3716 W. Swann Ave. Tampa, FL 33609</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D., Pres, Treas. &amp; Secy. Brod, Sandra Crane 3314 Henderson Blvd. Tampa, FL 33609</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sandra Crane Brod** DATE **4/28/2000** DAYTIME PHONE # **(813) 874-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)