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2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am DOCUMENT # P98000099827 Secretary of State 1. Entity Name UNITED PACIFIC LEASING, INC. 02-15-2001 90095 044 ***150.00 Principal Place of Business Mailing Address 526 MASON AVE 526 MASON AVE DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3549348 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent: Bartlett, Laurence H. BARTLETT, LAURENCE H Street Address (P.O. Box Number is Not Acceptable) 125 N RIDGEWOOD AVENUE 1800 W. International Speedway Blvd. Suite 201 DAYTONA BEACH FL 32114 City Daytona Beach Zip Code 32114 8. The above named entity submits this statement for Inging its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. XXX Delete CR2E034 (10/00) Director, President, Secy Addition TITLE Stange Change TITLE VASILE, TERESA NAME NAME Vasile, Carl 526 MASON AVE STREET ADDRESS 526 Mason Ave Daytona Beach, FL STREET ADDRESS DAYTONA BEACH FL 32117 CITY-ST-7IP COY-ST-7IP 32114 Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE Delete : Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this findicated on this report or supplemental report is true at of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with an address. ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

er like empowered.

NGNING OFFICER OR DIRECTOR

SIGNATURE: _

SIGNATURE AND TYPED OR PR