

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90101 015 ***150.00

637136



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000102366

1. Entity Name
LEASE FUNDED CORP.

Principal Place of Business Mailing Address
255 SHALIMAR DRIVE **POST OFFICE BOX 632**
SHALIMAR FL 32579 **SHALIMAR FL 32503-5707**

2. Principal Place of Business 3. Mailing Address
1606 East Gonzalez Street **Post Office Box 2968**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
n/a **n/a**
Pensacola, FL **Pensacola, FL**
 Zip Country Zip Country
32501 **United States** **32503** **United States**

4. FEI Number Applied For
593546475 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **JOHN WINSKI**
 Street Address (P.O. Box Number is Not Acceptable)
1606 E GONZALEZ
 City **PENSACOLA** FL Zip Code **32501**

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]* **JOHN WINSKI** DATE **4/10/00**
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, 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	PSTD <input type="checkbox"/> Delete	TITLE	PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSKI, JOHN C	NAME	WINSKI, JOHN C
STREET ADDRESS	255 SHALIMAR DRIVE	STREET ADDRESS	1606 EAST GONZALEZ ST...
CITY-ST-ZIP	SHALIMAR FL 32579	CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **JOHN C WINSKI** Date **4/10/00** Daytime Phone # **8504694880**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)