

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90058 002 \*\*\*150.00

**DOCUMENT # P98000102366**

1. Entity Name  
**LEASE FUNDED CORP.**

Principal Place of Business <b>1606 EAST GONZALEZ STREET PENSACOLA FL 32501</b>	Mailing Address <b>POST OFFICE BOX 2968 PENSACOLA FL 32501</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1606 East Gonzalez St.</b>	3. Mailing Address <b>Post Office Box 2068</b>
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Suite, Apt. #, etc. <b>n/a</b>	Suite, Apt. #, etc. <b>n/a</b>
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City & State <b>Pensacola, Florida</b>	City & State <b>Pensacola, Florida</b>
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4. FEI Number <b>59-3546475</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32501</b>	Country <b>United States</b>	Zip <b>32503</b>	Country <b>United States</b>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINSKI, JOHN  
1606 EAST GONZALEZ  
PENSACOLA FL 32501**

Name  
**John Winski**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1606 East Gonzalez St.**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>PSTD</b>			<input type="checkbox"/>	
	<b>WINSKI, JOHN C</b>	<b>1606 EAST GONZALEZ STREET</b>	<b>PENSACOLA FL 32501</b>	<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

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 #

*4/19/01*

CR2E034 (10/00)

attachment

DH# PA8000102366

BOU36899

Please change the FEI  
number (as shown in  
Box #4 to read as  
follows:

59-3546415.

Thank you,  
Lease Funded Corp.