

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108383

1. Entity Name

LAKELAND MICRO LEASING, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90238 037 ***150.00

Principal Place of Business

Mailing Address

5621 LIVE OAK ROAD
 LAKELAND FL 33813

5621 LIVE OAK ROAD
 LAKELAND FL 33813-3052

2. Principal Place of Business

3. Mailing Address

17112 CARRINGTON PARK DR.

P.O. Box 47297

Suite, Apt. #, etc.

Suite, Apt. #, etc.

923

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33647

Country

USA

Zip

33647

Country

USA

4. FEI Number

59-3554024

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKS, JOHN PAUL
 C/O WENDEL, CHRITTON & PARKS, CHARTERED
 5300 SOUTH FLORIDA AVE.
 LAKELAND FL 33813

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, 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS BODOLAY, WILLIAM
 CITY-ST-ZIP 17112 CARRINGTON PARK DR, #923
 TAMPA, FL 33647

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME PT
 STREET ADDRESS BODOLAY, MICHAEL J
 CITY-ST-ZIP 17112 CARRINGTON PARK DR, #923
 TAMPA, FL 33647

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME VPS
 STREET ADDRESS BODOLAY, PATRICIA J
 CITY-ST-ZIP 17112 CARRINGTON PARK DR, #923
 TAMPA, FL 33647

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BODOLAY

Date

APR 28, 2000

Daytime Phone #

813-632-1954

CR2E034 (9/99)