2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 29, 2001 8:00 am
Secretary of State
05-03-2001 90927 016 ***150.00

DOCUMENT # P99000015717

1. Entity Name
ST. AUGUSTINE LEASING CORP.

Principal Place of Business	Mailing Address
6800 SW 64 STREET MIAMI FL 33143	6800 SW 64 STREET MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7440 SW 50th Terrace	7440 SW 50th Terrace
Suite, Apt. #, etc.: 109	Suite, Apt. #, etc.: 109
City & State: Miami Florida	City & State: Miami Fl
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. FEI Number 65-0894943 ☐ Applied For ☐ Not Applicable

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
~~HAGEL, THOMAS J~~ ~~9100 SW 108 ST~~ ~~MIAMI FL 33176~~ Harris, Charles M 101 E. Kennedy Blvd Suite 2700 Tampa Fl 33602	Name: Charles M. Harris Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Blvd. Suite 2700 City: Tampa FL Zip Code: 33602

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: Charles Harris 5/23/01
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	PD BRUCE, JANE E 6801 SW 66 AVE MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Jane E Bruce 4/23/2001 305-665-3085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #