2000 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2000 8:00 am Secretary of State DOCUMENT # P99000069996 1. Entity Name LEASING CONSULTANTS, INC. 04-05-2000 90120 029 ***150.00 Mailing Address Principal Place of Business 4882 GREENCROFT RD. 4882 GREENCROFT RD. SARASOTA FL 34235-8234 SARASOTA FL 34235 3. Malling Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable 65 - 094 0003 Country \$8.75 Additional Zip Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMBRECHT, WILLIAM GT Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE. SARASOTA FL 34235 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT ☐ Change ☐ Addition nne ☐ Delete TITLE GEORGE BUSHOWG 4882 GREENCOFT NAME MALLE STREET ADDRESS STREET ADDRESS ARASOTA, FL 34235 CITY-ST-ZIP CITY-ST-7IP VICE PRESIDENT SEC ☐ Change ☐ Addition ☐ Delete TITLE SARAH PEEL NAME NAME 4882 GREENCHOFT SARHSOFA, FLB4235 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DDETITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-7/P Change ☐ Addition TITLE ☐ Delete TITLE 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.