2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000070409** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** ANTHONY LEASING, INC. 01-19-2000 90166 032 ***150.00 Mailing Address Principal Place of Business 1616 E. SUNRISE BLVD. 1616 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304-2354 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANTHONY, RAY G Street Address (P.O. Box Number is Not Acceptable) 1624 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Chief Operating Officer TITLE Delete TITLE VINCENT LOCASTIRO 304 NE 7Th ANE NAME NAME STREET ADDRESS STREET ADDRESS LAUDER dale, FL 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition CFO ☐ Delete TIT1 F ERIC M. ANTHONY NAME 5 BAYARO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pitsburgh. CiTY-ST-ZIE ✓ Addition Change TITLE ☐ Delete TITLE Smoker NAME 882 Boulder Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Park, PA 15102 CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the property with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

changed, of on an attachment with an address, with attachment the empowered

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

(ASTRO 01-11-2000

(954)463-1700

☐ Change

Addition

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