

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC -3 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000099813**

1. Entity Name

**OFF LEASE, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5011 SW 8TH PLACE**

Suite, Apt. #, etc.

3. Mailing Address

**5011 SW 8TH PLACE**

Suite, Apt. #, etc.

**800024698418**

11/14/03--01011--013 \*\*550.00

**REINSTATEMENT** 03

City & State

**CAPE CORAL, FL**

City & State

**CAPE CORAL, FL**

4. FEI Number

**650973338**

Applied For

Not Applicable

Zip

**33914**

Country

**USA**

Zip

**33914**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **DWAYNE DAY**

Street Address (P.O. Box Number is Not Acceptable)

**5011 SW 8TH PLACE**

City **CAPE CORAL**

FL

Zip Code **33914**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**DWAYNE DAY, PDT**

**10-31-2003**

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT - PDT**  
NAME **DWAYNE DAY**  
STREET ADDRESS **5011 SW 8TH PLACE**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **VICE PRESIDENT - VP**  
NAME **IVETA DAY**  
STREET ADDRESS **5011 SW 8TH PLACE, CAPE CORAL,**  
CITY-ST-ZIP **FL 33914**

TITLE **SD**  
NAME **DWAYNE DAY**  
STREET ADDRESS **5011 SW 8TH PLACE**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE  
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**800024698418**  
11/14/03--01011--014 \*\*8.75

**800024698418**  
12/03/03--01003--011 \*\*200.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**DWAYNE DAY - PDT, SD**

**IVETA DAY**  
**V.P**

**10-31-03 305-9233323**

Date

Daytime Phone #

CR2E034B (12/02)