

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000102382**

1. Entity Name

LEASE OPTION INC.Principal Place of Business
**1802 WEST CLEVELAND STREET
TAMPA FL 33606**Mailing Address
**P.O. BOX 8643
TAMPA FL 33674-8643**

2. Principal Place of Business

3. Mailing Address

P.O. Box 4068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa Florida

Zip

Country

Zip

Country

336774. FEI Number **59-3618833**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HELL, THOMAS J
12130 137TH STREET NORTH
LARGO FL 33774**

7. Name and Address of New Registered Agent

Name

Thomas J. Hell

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

3920 Water Oak Drive

City

Lakeland**FL**

Zip Code

33810

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, 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

TITLE **P** ☐ Delete
NAME **HELL, THOMAS J**
STREET ADDRESS **12130 137TH ST N**
CITY-ST-ZIP **LARGO FL 33774**TITLE **VT** ☒ Delete
NAME **PFEIFFER, LINDA**
STREET ADDRESS **1802 W CLEVELAND ST**
CITY-ST-ZIP **TAMPA FL 33606**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Thomas J Hell**
STREET ADDRESS **3920 Water Oak Drive**
CITY-ST-ZIP **Lakeland, Florida 33810**TITLE **VT** ☐ Change ☒ Addition
NAME **Randy R Barbas**
STREET ADDRESS **1802 W. Cleveland Street**
CITY-ST-ZIP **Tampa, Florida 33606**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy R Barbas 4/23/01 (813)254-6575

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90404 004 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)