

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90139 043 \*\*\*150.00

**DOCUMENT # S11183**

1. Entity Name

**BILLBOARD LEASING CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 07478  
 FORT MYERS FL 33919

P.O. BOX 07478  
 FORT MYERS FL 33919-0471

UUU12508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3088843**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**O'REILLY, LAWRENCE P SR**  
**1620 MEDICAL LN**  
**SUITE 148**  
**FORT MYERS FL 33907**

Name

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

City

**FL**

Zip Code

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'REILLY, EILEEN M	<input type="checkbox"/>	NAME <i>4460 CAMINO REAL WAY</i>	<input type="checkbox"/>
STREET ADDRESS 1620 MEDICAL LN #148		STREET ADDRESS <i>FT MYERS, FL 33907</i>	
CITY-ST-ZIP FORT MYERS FL 33907		CITY-ST-ZIP <i>FT MYERS, FL 33907</i>	
TITLE	<input type="checkbox"/>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'REILLY, LAWRENCE P SR	<input type="checkbox"/>	NAME <i>4460 CAMINO REAL WAY</i>	
STREET ADDRESS 1620 MEDICAL LN, #148		STREET ADDRESS <i>FT MYERS, FL 33907</i>	
CITY-ST-ZIP FT MYERS FL 33907		CITY-ST-ZIP <i>FT MYERS, FL 33907</i>	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'REILLY, LAWRENCE P JR		NAME	
STREET ADDRESS 1620 MEDICAL LN, #148		STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL 33907		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-24-00*

*941-939-5400*

Date

Daytime Phone #