## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 10, 2000 8:00 am Secretary of State **DOCUMENT # S15299** 1. Entity Name JOHN-WAYNE LEASING, INC. 04-10-2000 90066 010 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 1943 450 COX RD COCOA FL 32926 COCOA FL 32923-1943 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3039052 Not Applicable Zip Zip Country \$8.75 Additional 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 ROBINSON, JOHN A. Street Address (P.O. Box Number is Not Acceptable) 450 COX RD COCOA FL 32926 City 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) 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 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE Change ☐ Addition ROBINSON, JOHN A. NAME NAME 460 SNUG HARBOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE MANN, S. WAYNE NAME NAME 2745 TURTLEMOUND RD STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete MANN, MARILYN H. NAME NAME 2745 TURTLEMOUND RD STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32934** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROBINSON, ROBERTA M. NAME NAME 460 SNUG HARBOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32953** CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE 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.

FILED