

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90272 005 ***150.00

DOCUMENT # S15299

1. Entity Name
JOHN-WAYNE LEASING, INC.

Principal Place of Business

450 COX RD
COCOA FL 32926

Mailing Address

P.O. BOX 1943
COCOA FL 32923-1943
US

2. Principal Place of Business

450 Cox Road

Suite, Apt. #, etc.

B

3. Mailing Address

P.O. Box 1943

Suite, Apt. #, etc.

City & State

Cocoa

City & State

FLORIDA

4. FEI Number

59-3039052

Applied For

Not Applicable

Zip

32926

Country

USA

Zip

32923-1943

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, JOHN A.

450 COX RD

COCOA FL 32926

7. Name and Address of New Registered Agent

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:

John A. Robinson, President
 Signature typed or printed name of registered agent and title if applicable

JOHN A. ROBINSON, PRESIDENT
 (NOTE: Registered Agent signature required when reinstating)

DATE

4-15-02

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, 2002 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 **ROBINSON, JOHN A.**
STREET ADDRESS **460 SNUG HARBOR DR**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **VP** ☐ Delete
NAME **MANN, S. WAYNE**
STREET ADDRESS **2745 TURTLEMOUND RD**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **S** ☐ Delete
NAME **MANN, MARILYN H.**
STREET ADDRESS **2745 TURTLEMOUND RD**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **T** ☐ Delete
NAME **ROBINSON, ROBERTA M.**
STREET ADDRESS **460 SNUG HARBOR DR**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ 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:

Robert M. Robinson, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02
 Date

321-636-9504
 Daytime Phone #

CR2E034 (9/01)