

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90038 004 \*\*\*150.00

**DOCUMENT # V13284**

1. Entity Name  
**PLASENCIA & SASTRY LEASING CO.**

**00022547**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2110 WEST MARTIN LUTHER KING BLVD. FL 33607</b>	Mailing Address <b>2110 WEST MARTIN LUTHER KING BLVD. TAMPA FL 33607</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	Country	Country
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4. FEI Number **59-3115050** Applied For   
 Not Applicable

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**

**HINES, JAMES P.  
 315 SOUTH HYDE PARK AVENUE  
 TAMPA FL 33606**

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 \_\_\_\_\_ (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**

TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>PLASENCIA, DANIEL J.</b>	
STREET ADDRESS <b>2110 W MARTIN LUTHER KIN</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>SASTRY, SRIDHARA</b>	
STREET ADDRESS <b>2110 W MARTIN LUTHER KIN</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 authority to be so empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/10/00** Daytime Phone # **813 870 995**

CR2E034 (9/99)