2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} **DOCUMENT # V22693** May 18, 2000 8:00 am Secretary of State 1. Entity Name NATIONAL LEASE MANAGEMENT CORPORATION 05-18-2000 90294 002 ***150.00 Principal Place of Business Mailing Address 200 W. FORSYTH ST 200 W. FORSYTH ST. **SUITE 1730** STE. 1730 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-4359 US US 3. Mailing Address 2. Principal Place of Business ONE INDEPENDENT ONE INDEPENDENT PRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 2000 SUITE 2000 City & State Applied For City & State 4. FEI Number 59-3125957 JACKSONVILLE, FL JACKSONUILLE, FL Not Applicable \$8.75 Additional Zip **32702** Country 5. Certificate of Status Desired ÚŚ 32202 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRAUGHON, RICHARD S. Street Address (P.O. Box Number is Not Acceptable) 200 W. FORSYTH STREET ONE INDEPENDENT STE. 1730 SUITE 2000 JACKSONVILLE FL 32202 City Zip Code **32202** 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 DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. Addition DPST TITLE DPVST Change ☐ Delete TITLE DRAUGHON, RICHARD SCOTT DRAUGHON, RICHARD SCOTT NAME NAME ONE INDEPENDENT DRIVE SUITE 2006 STREET ADDRESS 200 W. FORSYTH STREET, STE. 1730 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-7IP JACKSONVILLE FL 32202 Change ☐ Addition Delete TITLE DRAUGHON, RICHARD S NAME STREET ADDRESS 200 W FORSYTH ST STE 1730 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Addition Delete TITLE - Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if this like embowered. 13. I hereby certify that the informatindicated on this report or supply supplied wit of the corporation or the receiv changed, or on an attachmen

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-7IP

D NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT DRAUGHON 4/27/00