2001 UNIFORM BUSINESS REPORT (UBR)

Mar 09, 2001 8:00 am **DOCUMENT # V45553 Secretary of State** 1. Entity Name INTERNATIONAL LEASING AND EXPORT, INC. 03-09-2001 90472 003 ***150.00 Principal Place of Business Mailing Address 2781 W. STATE RD. 434 2781 W. STATE RD. 434 LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3130367 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - -SMITH, LANCE D. Street Address (P.O. Box Number is Not Acceptable) 2781 W. STATE RD. 434 LONGWOOD FL 32779 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ■ Addition TITLE ☐ Defete TITLE SMITH, SCOTT P. NAME NAME STREET ADDRESS 2781 W. STATE RD. 434 STREET ADDRESS CITY-ST-ZIP CITY-ST-71P LONGWOOD FL TITLE TITLE ☐ Change ☐ Addition Delete NAME SMITH, GENEVA J. NAME STREET ADDRESS STREET ADDRESS 2781 W. STATE RD. 434 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL TITLE S Change Addition TITLE Delete LANCE D. NAME MAY, IRIS NAME 2781 WEST S.R. 434 STREET ADDRESS STREET ADDRESS 2781 W STATE RD 434 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

Daytime Phone #