2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90037 012 ***158.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000039733

1. Entity Name

SECURITY CREDIT LEASING, INC.

Principal Place of Business	Mailing Address
CENTER POINT BUSINESS PARK 1911 US HIGHWAY 301 NORTH, SUITE 300 TAMPA FL 33619 US	P.O. BOX 671 BRANDON FL 33509-0671 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3251574 ☐ 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
OTTINGER, TERRY J 1911 US HWY 301 N STE 300 TAMPA FL 33619	Name: Ottinger, J. Terry Street Address (P.O. Box Number is Not Acceptable): 1911 US Highway 301 North Suite 300 City: Tampa FL Zip Code: 33619

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 J. Terry Ottinger, President DATE 3-30-00
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 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTTINGER, TERRY J 4521 MOHICAN TRAIL VALRICE FL 33594	☐ Delete	PD Ottinger, J. Terry 4521 Mohican Trail Valrico Fl 33594	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST OTTINGER, ANN W 4521 MOHICAN TRAIL VALRICE FL 33594	☐ Delete	VST Ottinger, Ann W. 4521 Mohican Trail Valrico Fl 33594	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: J. Terry Ottinger 3-30-00 (813) 620-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #