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2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State **DOCUMENT #** 288125 1. Entity Name 04-10-2002 90651 017 ***150.00 RODAR LEASING CORPORATION Principal Place of Business Mailing Address 3654 CYPRESS 3654 CYPRESS R0063328 **TAMPA FL 33607** TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1090276 Not Applicable Zio Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DARRELL A., JR. DAHL, DARRELL **5119 POE AVE** TAMPA FL IÁMPA 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 DATE (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. DAHL, DARRELL A., SR. 5119 POE AVENUE TITLE ☐ Change Addition TITLE CD Delete NAME NAME DAHL.DARRELL A STREET ADDRESS STREET ADDRESS 5119 POE AVE. TAMPA, FL 33629 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Delete TITI F ☐ Change Z Addition TITLE NOSKOWICZ, HOWARD, 6200 NW 10441 WAY NAME NAME DAHL, JORDIS STREET ADDRESS STREET ADDRESS 5119 POE AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME DAHL, DARRELL A. JR. STREET ADDRESS STREET ADDRESS 4405 W. CLEVELAND CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Delete TITLE ☐ Change ☐ Addition NAME **BELL, DEBORAH** STREET ADDRESS STREET ADDRESS 2362 AUBREY LANE CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE PARRINO, JOSEPH J NAME NAME STREET ADDRESS STREET ADDRESS 19124 GOLDEN CACOON PLACE CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Change Delete TITLE ☐ Addition TITLE 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 teport 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 trastile 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:

4/4/02 813 870-0340