

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90155 046 ***150.00

DOCUMENT # 288125

1. Entity Name
RODAR LEASING CORPORATION



Principal Place of Business
**3654 CYPRESS
TAMPA FL 33607**

Mailing Address
**3654 CYPRESS
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

2601 E. SECOND AVE

2601 E. SECOND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

Country

33605-5503 USA

Zip

Country

33605-5503

4. FEI Number **59-1090276**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAHL, DARRELL A JR
5119 POE AVE
TAMPA FL 33629**

Name

DARRELL A. DAHL, JR

Street Address (P.O. Box Number is Not Acceptable)

2601 E. SECOND AVE

City

TAMPA, FL

FL

Zip Code

33605

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ Delete
NAME **DAHL, DARRELL A**
STREET ADDRESS **5119 POE AVE.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **CDT** ☐ Delete
NAME **NOSKODICZ, HOWARD**
STREET ADDRESS **6200 NW 140TH WAY**
CITY-ST-ZIP **PARKLAND FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **SPELLING OF NAME**
STREET ADDRESS **NOSKOWICZ**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **JOSEPH V. PARRINO**
CITY-ST-ZIP **2816 SAMARA DRIVE**
TAMPA, FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

813-870-0340

Date

Daytime Phone #

CR2E034 (10/02)