

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90212 048 ***150.00

04-17-2003 048

DOCUMENT # 377986

1. Entity Name
ENTERPRISE LEASING COMPANY OF ORLANDO



Principal Place of Business
**130 UNIVERSITY PARK DR
STE 235
WINTER PARK FL 32792
US**

Mailing Address
**C/O DIANE M. HUELSING
600 CORPORATET PARK DRIVE
ST LOUIS MO 63105
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**c/o Mark I. Litow
Suite, Apt. #, etc.
600 Corporate Park Drive**

CHECK HERE IF MAKING CHANGES

City & State
St. Louis, MO

4. FEI Number
59-1356140

Applied For
 Not Applicable

Zip
63105

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

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

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PTD TAYLOR, ANDREW C 600 CORPORATET PARK DRIVE SAINT LOUIS MO 63105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS O'CONNELL, JOHN T 600 CORPORATET PARK DRIVE SAINT LOUIS MO 63105 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, DONALD L 600 CORPORATET PARK DRIVE SAINT LOUIS MO 63105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARR, BRADLEY R 600 CORPORATET PARK DRIVE SAINT LOUIS MO 63105 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DENSON, TYLER S 130 UNIVERSITY PARK DR #235 WINTER PARK FL 32792 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUELSING, DIANE M 600 CORPORATET PARK DRIVE SAINT LOUIS MO 63105 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS Snyder, William W. 600 Corporate Park Drive St. Louis, MO 63105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Nestor, David K. 600 Corporate Park Drive St. Louis, MO 63105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Darr, Rose M. 600 Corporate Park Drive St. Louis, MO 63105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Litow, Mark I. 600 Corporate Park Drive St. Louis, MO 63105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 **314-512-5000**
Date Daytime Phone #

CR2E034 (10/02)