

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000278

1. Entity Name
LEASE AND RENTAL MANAGEMENT CORP.

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90160 024 ***150.00

Principal Place of Business

45 HAVERHILL ST.
ANDOVER MA 01810

Mailing Address

45 HAVERHILL ST.
ANDOVER MA 01810

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **04-2651339**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	C	<input type="checkbox"/> Delete
NAME	DELUCA, WILLIAM P JR.	
STREET ADDRESS	21 FARMER RD.	
CITY-ST-ZIP	WINDHAM NH 03087	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COOK, MICHAEL R	
STREET ADDRESS	66 CENTRAL ST.	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DELUCA, KATHLEEN M	
STREET ADDRESS	21 FARMER RD.	
CITY-ST-ZIP	WINDHAM NH 03087	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DELUCA, WILLIAM P III	
STREET ADDRESS	164 RANGE RD.	
CITY-ST-ZIP	WINDHAM NH 03087	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, KATHLEEN R	
STREET ADDRESS	66 CENTRAL ST.	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

Date

Daytime Phone #

CR2E034 (10/00)