

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

00888899  
PF

**DOCUMENT # H94268**

1. Entity Name  
**3-T LEASING INC.**



04-14-2003 90018 024 \*\*\*150.00

Principal Place of Business  
**1001 W DR M.L.KING JR BLVD  
PLANT CITY FL 33566-5150  
US**

Mailing Address  
**1001 W DR. M.L.KING JR BLVD  
PLANT CITY FL 33566-5150  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2809921**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**BHARDWAJ, ASHOK  
1001 W DR MLK BLVD  
PLANT CITY FL 33566**

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 *Ashok Bhardwaj* **ASHOK BHARDWAJ** **01-06-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **C**  
STREET ADDRESS **KAVARANA, F K**  
CITY-ST-ZIP **24 HOMI MODI ST BOMBAY IN**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
STREET ADDRESS **VENKITESWARAN, V.**  
CITY-ST-ZIP **2908 FOREST CLUB DR. PLANT CITY FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
STREET ADDRESS **KRISHNAKUMAR, R.K.**  
CITY-ST-ZIP **MAHATMA GANDI ROAD MUMBAI, INDIA**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
STREET ADDRESS **ASHCROFT, L.D.**  
CITY-ST-ZIP **PO BOX 1526 N/A TRUTH OR CONSEQUENCES NM**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **DP**  
STREET ADDRESS **BHARDWAJ, ASHOK**  
CITY-ST-ZIP **1001 DR MLK BLVD PLANT CITY FL 33566**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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: *Ashok Bhardwaj* **ASHOK BHARDWAJ** **01-06-03** **813-754-2602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)