

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90894 001 *2,219.00

0465951 AV

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1. Entity Name
M R G LEASING GROUP V, INC.

Principal Place of Business
**1911 US HWY 301 N. SUITE 450
TAMPA FL 33619**

Mailing Address
**1911 US HWY 301 N. SUITE 450
TAMPA FL 33619**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **40-0001985**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**HOLCOMB, VICTOR W
106 S TAMPANIA AVE, SUITE 200
TAMPA FL 33609**

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

11.

TITLE **CEO** Delete
NAME **GLASS, MARSHALL R**
STREET ADDRESS **1911 US HWY 301 N, SUITE 450**
CITY-ST-ZIP **TAMPA FL 33619**

TITL **President** Addition
NAM **Steve Harper**
STRI **4311 Robin Lane**
CITY **Tampa, FL 33609**

TITLE **P** Delete
NAME **GASKIN, MICHAEL**
STREET ADDRESS **1911 US HWY 301 N, SUITE 450**
CITY-ST-ZIP **TAMPA FL 33619**

TITL **Vice President** Addition
NAM **Robert Liess**
STRI **2602 West Sam Allen Rd.**
CITY **Plant City, FL 33565**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITL **Chief Operating Officer** Addition
NAM **J. E. (Gene) Smith**
STREE **13811 Whisperwood Dr.**
CITY- **Clearwater, FL 33762**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **SIGNATURE REQUIRED** **ROBERT M LIESS** **430-03** **813-246-5657**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)