
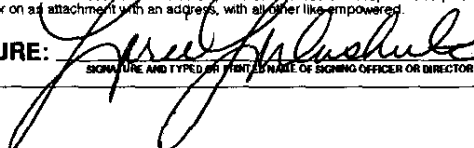


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90718 044 ***150.00

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

DOCUMENT # P95000046658			
1. Entity Name R & S EQUIPMENT LEASING AND SALES, INC. OF FLORIDA			
Principal Place of Business 24278 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135 US		Mailing Address 24278 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, DOUGLAS L 24278 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135		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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reissuing)			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHUTA, RICHARD	NAME	
STREET ADDRESS	24278 PRODUCTION CIRCLE	STREET ADDRESS	
CITY-STATE-ZIP	BONIT SPRINGS, FL 34135	CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHUTA, STEVE	NAME	
STREET ADDRESS	24278 PRODUCTION CIRCLE	STREET ADDRESS	
CITY-STATE-ZIP	BONIT SPRINGS, FL 34135	CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHUTA, SONIA	NAME	
STREET ADDRESS	24278 PRODUCTION CIRCLE	STREET ADDRESS	
CITY-STATE-ZIP	BONITA SPRINGS, FL 34135	CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHUTA, LORIE	NAME	
STREET ADDRESS	24278 PRODUCTION CIRCLE	STREET ADDRESS	
CITY-STATE-ZIP	BONITA SPRINGS, FL 34135	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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: 		4/28/03	(716) 754-8226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Domestic Phone #

11039720



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0593272 Applied For Not Applicable

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

CFR2034 (10/02)