

**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

0465791 AV

DOCUMENT # P01000120432

1. Entity Name
M R G LEASING GROUP IV, 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 **40-0001984**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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 _____
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 **\$5.00** May Be
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**

TITLE **President**
NAME **Steve Harper**
STREET ADDRESS **4311 Robin Lane**
CITY **Tampa, FL 33609**

N 11
☒ Addition

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

TITLE **Chief Operating Officer**
NAME **J. E. (Gene) Smith**
STREET ADDRESS **13811 Whisperwood Dr.**
CITY **Clearwater, FL 33762**

☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President**
NAME **Robert Liess**
STREET ADDRESS **2602 West Sam Allen Rd.**
CITY-ST-ZIP **Plant City, FL 33565**

☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

ROBERT LIESS

4-30-03

813-246-5657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)