

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90214 048 \*\*\*150.00

0531286 AV

**DOCUMENT # 355970**

**1. Entity Name**  
**SATELLITE LEASING INC**



**Principal Place of Business**  
**1165 CLAM COURT #13**  
**NAPLES FL 33962**

**Mailing Address**  
**1165 CLAM COURT #13**  
**NAPLES FL 33962**

**2. Principal Place of Business**

**3. Mailing Address**

**8955 Fontana Del Sol Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City, State**  
**Naples, FL**

**City, State**  
**Naples, FL 34109**

**Zip** **34109** **Country** **USA**

**Zip** **34109** **Country** **USA**

**4. FEI Number** **59-1286942**

**Applied For**  
**Not Applicable**

**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**

**PAPINEAU, A. M.**  
**1165 CLAM COURT #13**  
**NAPLES FL 33962**

**Nar**  
**James R. Nici, c/o Cox & Nici**  
**Str** **1185 Immokalee Road, Suite 110**  
**Naples, FL 34110**  
**City**  
**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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** **2/26/03**

**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 Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☒ **Delete**  
**NAME** **PAPINEAU, A. M.**  
**STREET ADDRESS** **1165 CLAM COURT #13**  
**CITY-ST-ZIP** **NAPLES FL**

**TITLE** **D, P.** ☐ **Change** ☒ **Addition**  
**NAME** **Cannon, Charles E.**  
**STREET ADDRESS** **8955 Fontana Del Sol Way**  
**CITY-ST-ZIP** **Naples FL 34109**

**TITLE** **SD** ☒ **Delete**  
**NAME** **PAPINEAU, TERRIN L.**  
**STREET ADDRESS** **212 BENSON ST.**  
**CITY-ST-ZIP** **NAPLES FL**

**TITLE** **D, V.P.** ☐ **Change** ☒ **Addition**  
**NAME** **Papineau, Rick J.**  
**STREET ADDRESS** **2001 Westburg Dr.**  
**CITY-ST-ZIP** **Largo, FL 33770**

**TITLE** **TD** ☒ **Delete**  
**NAME** **ROGERS, C.**  
**STREET ADDRESS** **8231 LAKESHORE DR**  
**CITY-ST-ZIP** **GARY IN**

**TITLE** **D, T.S.** ☐ **Change** ☒ **Addition**  
**NAME** **Papineau, Roth M.**  
**STREET ADDRESS** **1165 Clam Court #13**  
**CITY-ST-ZIP** **Naples, FL 34102**

**TITLE** **DV** ☒ **Delete**  
**NAME** **P.L. PAPINEAU**  
**STREET ADDRESS** **1165 CLAM CT #13**  
**CITY-ST-ZIP** **NAPLES FL**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☒ **Delete**  
**NAME** **MARSH, L H**  
**STREET ADDRESS** **2698 OUTRIGGER LANE**  
**CITY-ST-ZIP** **NAPLES FL 34105**

**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]* **Charles E Cannon** **3/5/03** **(239) 262-0170**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)