

**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.

City & State
Naples, FL

City & State
Naples, FL 34109

4. FEI Number
59-1286942

Applied For
 Not Applicable

Zip
34102 Country
USA

Zip
34109 Country
USA

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

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

Name
James R. Nici, c/o Cox & Nici
Street
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]*

(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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PAPINEAU, A. M.	
STREET ADDRESS	1165 CLAM COURT #13	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PAPINEAU, TERRIN L.	
STREET ADDRESS	212 BENSON ST.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, C.	
STREET ADDRESS	8231 LAKESHORE DR	
CITY-ST-ZIP	GARY IN	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	P.L. PAPINEAU	
STREET ADDRESS	1165 CLAM CT #13	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSH, L H	
STREET ADDRESS	2698 OUTRIGGER LANE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANNON, Charles E.	
STREET ADDRESS	8955 Fontana Del Sol Way	
CITY-ST-ZIP	Naples FL 34109	
TITLE	D, V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Papineau, Rick J.	
STREET ADDRESS	2001 Westbay Dr.	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	D, T, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Papineau, Ruth M.	
STREET ADDRESS	1165 Clam Court #13	
CITY-ST-ZIP	Naples, FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

Date: **3/5/03** Daytime Phone #: **(239) 262-0170**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)