

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842924

1. Entity Name  
**FULL SERVICE LEASING CORP.**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90246 050 \*\*\*150.00

Principal Place of Business LONG RIDGE ROAD BOX 8109 CT 06927	Mailing Address 260 LONG RIDGE ROAD PO BOX 8109 STAMFORD CT 06927-8109
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>06-0973758</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	WALKER, JOHN J 1600 SUMMER STREET STAMFORD CT 06927	TITLE <i>Asst. Dir. - Taxes</i>	<i>Donna Rammetha</i> 260 LONG RIDGE ROAD STAMFORD, CT 06927-9622
TITLE <b>P</b>	NICHOLSON, CHARLES W. 260 LONG RIDGE RD STAMFORD CT 06927		
TITLE <b>S</b>	ORMOND, WENDY S. 1600 SUMMER STREET STAMFORD CT 06927		
TITLE <b>VP</b>	HYDE, JEFFREY L 260 LONG RIDGE RD. STAMFORD CT		
TITLE <b>VT</b>	WERNER, JEFFREY 777 LONG RIDGE RD STAMFORD CT 06927		
TITLE <b>AT</b>	GARZA, OSCAR 4211 METRO PARKWAY FT. MYERS FL 33916		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Rammetha* **3-12-2000** **203-357-4544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)