

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021294 FP

**DOCUMENT # A97000000829**



1. Entity Name  
**HRT LEASING, LIMITED**

FILED

03 MAR 28 AM 9:47



Principal Place of Business <b>101 ALTURAS BABSON PARK CUTOFF ROAD LAKE WALES FL 33853</b>	Mailing Address <b>C/O THOMAS E. OAKLEY 101 ALTURAS BABSON PARK CUTOFF ROAD LAKE WALES FL 33853</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

4. FEI Number <b>59-3439791</b>	Applied For
	Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OAKLEY, THOMAS E**  
**101 ALTURAS BABSON PARK CUTOFF ROAD**  
**LAKE WALES FL 33853**

**7. Name and Address of New Registered Agent**

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.

9. Capital Contributions as Shown on record. <b>\$297.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000033481	STREET ADDRESS	
NAME	HRT LEASING, INC.	CITY-ST-ZIP	
STREET ADDRESS	101 ALTURAS BABSON PARK CUTOFF ROAD		<b>600014905016</b>
CITY-ST-ZIP	LAKE WALES FL 33853		03/28/03--01034--019 **150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Thomas E. Oakley EQU3725703 *Thomas E. Oakley* 863-638-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SIGNATURE CHECK HERE