

2002
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91145 010 ***150.00

DOCUMENT # F00000003040 ✓

1. Entity Name

LEASING USA, INC.

DO NOT WRITE IN THIS SPACE

666541

2. Principal Place of Business

630 THORPE RD.

Suite, Apt. #, etc.

3. Mailing Address

6000 CLAY AVE., S.W.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

GRAND RAPIDS, MI

4. FEI Number

38-3273078

Applied For

Not Applicable

Zip

32824

Country

U.S.

Zip

49548

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DAVIS, GARY

Street Address (P.O. Box Number is Not Acceptable)

13327 GLACIER NATIONAL #6602

City

ORLANDO

FL

Zip Code

32837

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
STIELSTRA, ELDEN
6000 CLAY AVE., S.W.
GRAND RAPIDS, MI 49548

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
OOSTERHOUSE, CARL
6000 CLAY AVE., S.W.
GRAND RAPIDS, MI 49548

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CHAIRMAN
GAINES, HARVEY N.
6000 CLAY AVE., S.W.
GRAND RAPIDS, MI 49548

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)