

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90126 028 \*\*\*150.00

**DOCUMENT # F00000003937**

1. Entity Name

**ASI LEASING, INC.**

Principal Place of Business

**1701 B CLINT MOORE ROAD  
BOCA RATON FL 33487**

Mailing Address

**1701 B CLINT MOORE ROAD  
BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1023118**

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

**GARY, WILLIAM**

**1701 B CLINT MOORE ROAD  
BOCA RATON FL 33487**

Name **GRAY, WILLIAM**

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS  
NAME HERRMAN, JAMES R ☐ Delete  
STREET ADDRESS 1701 B CLINT MOORE ROAD  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE VS ☒ Change ☐ Addition  
NAME PAULFUS, RANDALL  
STREET ADDRESS 1701 B CLINT MOORE RD  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ Delete  
NAME SAUDER, PHILLIP J  
STREET ADDRESS 4330 SIR ROBERT AVENUE  
CITY-ST-ZIP NORTH ROYALTON OH 44133

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

TITLE D ☐ Delete  
NAME GRAY, WILLIAM  
STREET ADDRESS 1701 B CLINT MOORE ROAD  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE D ☐ Delete  
NAME DUNN, DENNIS A  
STREET ADDRESS 7777 FAY AVENUE, SUITE 200  
CITY-ST-ZIP LA JOLLA CA 92037

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

TITLE D ☐ Delete  
NAME MCGILLVRAY, BURTON E  
STREET ADDRESS 3 FIRST NATIONAL PLAZA, #1210  
CITY-ST-ZIP CHICAGO IL 60670

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

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 or without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)