

173213

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91421 038 ***150.00

DOCUMENT # F00000005935

1. Entity Name
TRUCKLEASE CORPORATION



Principal Place of Business
**46 WEST BOYLSTON ST.
WORCESTER, MA 01605**

Mailing Address
**PO BOX 986
WORCESTER, MA 01613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2220218

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RADIVONYK, THOMAS
4001 EXPRESS ST., BLDG 327
ORLANDO, FL 32827-5208**

7. Name and Address of New Registered Agent

Name **Eliot Cohen**
Street Address (P.O. Box Number is Not Acceptable)

**6847 Camille St.
City: Boynton Beach FL Zip Code: 33437**

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 **Eliot Cohen RA**

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

(NOTE: Registered Agent signature is required when registering)

4/22/03

DATE

**FILE NOW WITH FEE OF \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLPERT, ARTHUR B 1 WARING CIRCLE WORCESTER, MA 01602	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF HIDENFELTER, ALAN P 21-4 THAYER POND DRIVE NORTH OXFORD, MA 01537	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, SUSAN J 2052 ROUSE CREEK COURT ANN ARBOR, MI 48108	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHLOSS, NEIL M 4380 PATRICK RD. WEST BLOOMFIELD, MI 48323	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, GREGORY C 2626 HUNTERS BLUFF BLOOMFIELD HILLS, MI 48304	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABADIE, ROBERT J 47398 ADAMS COURT PLYMOUTH, MI 48170	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Steve Larkin 16 Lynnwood Dr. Worcester, MA 01609	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Noone 4985 SUSAN WAY Bloomfield Hills MI 48302	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bibiana Boeriano 12 Pembroke Lane Dearborn MI 48126	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael E. Ribits American Rd. Dearborn MI 48121	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marion Harris 4380 Patrick Rd. W. Bloomfield MI 48323	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: **Alan P. Hidenfelter** **Alan P. Hidenfelter** **4/22/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)