

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

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90003 045 ***150.00

DOCUMENT # *F02000005540*

1. Entity Name
BUSH TRUCK LEASING, INC.

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2. Principal Place of Business		3. Mailing Address	
1 NORTH LAKE PLACE		1 NORTH LAKE PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
11500 NORTH LAKE DRIVE		11500 NORTH LAKE DRIVE	
City & State		City & State	
CINCINNATI, OH		CINCINNATI, OH	
Zip	Country	Zip	Country
45249	U.S.A.	45249	U.S.A.

4. FEI Number	Applied For
31-1758773	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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54025806

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ROBERT BARNARD	
Street Address (P.O. Box Number is Not Acceptable)	
6107 SCHOONER WAY	
City	FL Zip Code
TAMPA	33615

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

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

DATE

January 1st May 1st Fee is \$100.00
January 1st May 1st Fee is \$100.00
Amended UBR is \$81.25
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 **DP**
NAME **MICHAEL A. BUSH**
STREET ADDRESS **1 NORTH LAKE PLACE**
CITY-ST-ZIP **CINCINNATI, OH 45249**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S**
NAME **DIANE S. CORNETTE**
STREET ADDRESS **1 NORTH LAKE PLACE**
CITY-ST-ZIP **CINCINNATI, OH 45249**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T**
NAME **CLIFF LUDWIG**
STREET ADDRESS **1 NORTH LAKE PLACE**
CITY-ST-ZIP **CINCINNATI, OH 45249**

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Cliff Ludwig **CLIFF LUDWIG, CFO** *3/1/04* **513-773-4880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #