

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003282

1. Entity Name  
UTILITY EQUIPMENT LEASING CORPORATION

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90187 018 \*\*\*150.00

656333



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
N4W22610 BLUEMOUND ROAD  
WAUKESHA WI 53186

Mailing Address  
N4W22610 BLUEMOUND ROAD  
WAUKESHA WI 53186

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 39-1089084

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

COHEN, CLIFFORD  
501 CODISCO WAY  
SANFORD FL 32771

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.

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, 2001 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 DPT  
NAME DALUM, THOMAS E  
STREET ADDRESS N4W22610 BLUEMOUND ROAD  
CITY-ST-ZIP WAUKESHA WI 53186 ☐ Delete

TITLE D  
NAME O'Grady, Mary Kris  
STREET ADDRESS N4 W22610 Bluemound Rd  
CITY-ST-ZIP Waukesha, WI 53186 ☐ Change ☒ Addition

TITLE VS  
NAME ANDERSEN, KATHERINE L  
STREET ADDRESS N4W22610 BLUEMOUND ROAD  
CITY-ST-ZIP WAUKESHA WI 53186 ☒ Delete

TITLE D  
NAME Dalum, Mary Patricia  
STREET ADDRESS N4 W22610 Bluemound Rd  
CITY-ST-ZIP Waukesha, WI 53186 ☐ Change ☒ Addition

TITLE DAS  
NAME TAYLOR, JUDITH D  
STREET ADDRESS N4 W22610 BLUEMOUND ROAD  
CITY-ST-ZIP WAUKESHA WI 53186 ☐ Delete

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

TITLE  
NAME MALONEY, BARBARA J.  
STREET ADDRESS N4 W22610 BLUEMOUND RD  
CITY-ST-ZIP WAUKESHA WI 53186 ☐ Delete

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

TITLE VP  
NAME Asher, William  
STREET ADDRESS N4 W22610 Bluemound Rd  
CITY-ST-ZIP Waukesha WI 53186 ☐ Delete

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

TITLE DAS  
NAME Dalum, Joseph  
STREET ADDRESS N4 W22610 Bluemound Rd  
CITY-ST-ZIP Waukesha, WI 53186 ☐ Delete

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

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 all other like empowered.

SIGNATURE: Barbara J. Maloney  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01  
Date

262-547-8500  
Daytime Phone #

CR2E034 (10/00)