

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90379 006 ***150.00

DOCUMENT # F94000003282

1. Entity Name

UTILITY EQUIPMENT LEASING CORPORATION

Principal Place of Business
N4W22610 BLUEMOUND ROAD
WAUKESHA WI 53186

Mailing Address
N4W22610 BLUEMOUND ROAD
WAUKESHA WI 53186



DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | DPT DALUM, THOMAS E N4W22610 BLUEMOUND ROAD WAUKESHA WI 53186 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'GRADY, MARY KRIS N4W22610 BLUEMOUND ROAD WAUKESHA WI 53186 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAS TAYLOR, JUDITH D N4 W22610 BLUEMOUND ROAD WAUKESHA WI 53186 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MALONEY, BARBARA J. N4 W22610 BLUEMOUND RD WAUKESHA WI | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ASHER, WILLIAM N4W22610 BLUEMOUND ROAD WAUKESHA WI 53186 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAS DALUM, JOSEPH N4W22610 BLUEMOUND ROAD WAUKESHA WI 53186 | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Huggins, Marion N4W22610 Bluemound Rd Waukesha WI 53186 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS mabney, Barbara J. N4 W22610 Bluemound Road Waukesha WI 53186 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 **Barbara J. Maloney** 7/10/02 262-5478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



utility equipment leasing corporation

N4 W22610 BLUEMOUND ROAD • P.O. BOX 177 • WAUKESHA • WI • 53187 • (F) 262-544-8546 • E-MAIL: rent@uelc.com • WEBSITE: www.uelc.com

262-547-1600
1-800-558-0999

July 8, 2002

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee, FL 32399-0100

RE: **Utility Equipment Leasing Corporation**
Request for waiving penalty for 2002 Uniform Business Report

Dear Sir or Madam:

This letter is to inform you that Utility Equipment Leasing Corporation is requesting that the penalty of \$400 be waived. The corporation did not receive the previous notice.

We received a notice on July 8, 2002 regarding the filing of our 2002 Uniform Business Report and have promptly filed and paid the \$150 filing fee.

Sincerely,

Barbara J. Maloney
Barbara J. Maloney
Treasurer