

**2001 UNIFORM BUSINESS REGISTER (UBR)**

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90140 013 \*\*\*150.00

**DOCUMENT # F94000005844**  
 1. Entity Name  
**R & S.EQUIPMENT LEASING AND SALES, INC.**

Principal Place of Business 4746 MODEL CITY ROAD P.O. BOX 209 MODEL CITY NY 14107	Mailing Address 4746 MODEL CITY ROAD P.O. BOX 209 MODEL CITY NY 14107
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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
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4. FEI Number <b>16-1332748</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KUSHNER, STEVEN P**  
**135 JACKSON STREET**  
**TIDEWATER BUILDING SUITE #2**  
**FORT MYERS FL 33901**

7. Name and Address of New Registered Agent  
 Name: **Doug Johnson**  
 Street Address (P.O. Box Number is Not Acceptable):  
**27078 Production Cir**  
 City: **Bonita Springs** FL Zip Code: **34135**

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: *Douglas Johnson* (NOTE: Registered Agent signature required when reinstating) DATE: 4/12/01

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WASHUTA, RICHARD</b> <b>4746 MODEL CITY ROAD, P.O. BOX 209</b> <b>MODEL CITY NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>WASHUTA, LORIE</b> <b>4746 MODEL CITY ROAD, P.O. BOX 209</b> <b>MODEL CITY NY 14107</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SMITH, GARY</b> <b>4746 MODEL CITY ROAD, P.O. BOX 209</b> <b>MODEL CITY NY 14107</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lorie Washuta* DATE: 5/10/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/00)