

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90138 020 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # F95000002797**

1. Entity Name  
**APPLEWAY EQUIPMENT LEASING, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>8414 E SPRAGUE AVE<br/>SPOKANE WA 99212</b> | Mailing Address<br><b>PO BOX 13098<br/>SPOKANE WA 99213</b> |
|---|---|

|   |                     |
|---|---------------------|
| 2. Principal Place of Business<br><b>8520 E. Sprague Ave.</b> | 3. Mailing Address  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc. |
| City & State<br><b>Spokane, WA 99212</b>                      | City & State        |
| Zip   | Country             |

|   |  |
|---|--|
| 4. FEI Number<br><b>91-0980203</b>                        | Applied For<br><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<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (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. <input checked="" type="checkbox"/> (See criteria on back) | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DC<br/>PRING, TIMOTHY S<br/>2819 S. PARK LANE<br/>SPOKANE WA 99212</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVCP<br/>PRING, BRADLEY T<br/>911 E. RIVERSIDE HARBOR DR.<br/>POST FALLS ID 83854</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>OWSLEY, KIRK M<br/>12707 N MUZZY RD<br/>NEWMAN LAKE WA</b> <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>KLOTZ, MICHAEL R<br/>W 2005 TONI RAE<br/>SPOKANE WA 99218</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:** Bradley T. Pring **Bradley T. Pring Sec.** **01-03-01** **509-927-1288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment #F 95000002797  
D0001631

APPLEWAY EQUIPMENT LEASING, INC.  
8520 East Sprague Avenue  
Spokane, Washington 99212-2920

**Officers and Board of Directors**

**Officers**

John A. Pring, Jr.  
Timothy S. Pring  
Michael R. Klotz  
Bradley T. Pring  
John T. Peterson  
Kirk M. Owsley

**Board of Directors**

John A. Pring, Jr. – Chairman of the Board  
Timothy S. Pring – President  
Michael R. Klotz – Vice-President  
Bradley T. Pring – Secretary  
John T. Peterson – Assistant Secretary  
Kirk M. Owsley – Treasurer

**Personal Information**

| <u>Name</u>        | <u>Address</u>                                    | <u>Social Security No.</u> | <u>Drivers License #/State</u> |
|--------------------|---|----------------------------|--------------------------------|
| John A. Pring, Jr. | 2915 S Dishman-Mica Rd<br>Spokane, WA 99206       | 534-22-5473                | PRINGJA691B1 WA                |
| Timothy S. Pring   | 2819 S. Park Lane<br>Spokane, WA 99212            | 531-50-6710                | PRINGTS 428DF WA               |
| Michael R. Klotz   | 2005 W Toni Rae<br>Spokane, WA 99218              | 317-54-5529                | KLOTZMR 51*J3 WA               |
| Bradley T. Pring   | 911 E Riverside Harbor Dr<br>Post Falls, ID 83854 | 531-50-6711                | CB 170964A ID                  |
| John T. Peterson   | 7923 S Cedar Road<br>Spokane, WA 99224            | 483-34-5368                | PETERJT 646JH WA               |
| Kirk M. Owsley     | 12707 N Muzzy Road<br>Newman Lake, WA 99025       | 547-15-5249                | OWSLEYKM 449M7 WA              |