

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90045 030 ***150.00

DOCUMENT # F96000004210

1. Entity Name
LITE EQUIPMENT LEASING CORPORATION



Principal Place of Business
**7948 OLD JESSUP RD
JESSUP MD 20794**

Mailing Address
**PO BOX 172
ANNAPOLIS JUNCTION MD 20701**



2. Principal Place of Business
5633 AIA SOUTH
Suite, Apt. #, etc.

3. Mailing Address
1093 AIA BEACH BLVD
Suite, Apt. #, etc.
PMB # 421

☐ CHECK HERE IF MAKING CHANGES

City & State
ST. AUGUSTINE, FLORIDA

City & State
ST. AUGUSTINE, FL

4. FEI Number **52-0964415**

Applied For

Not Applicable

Zip **32080** Country **U.S.A.**

Zip **32080** Country **USA**

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

**HASZARD, TIMOTHY
536 TURNBERRY LA
ST AUGUSTINE FL 32080**

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 *Timothy R. Haszard*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **HASZARD, TIMOTHY R**
STREET ADDRESS **536 TURNBERRY LANE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

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

TITLE **VS** ☐ Delete
NAME **HASZARD, SHARON L**
STREET ADDRESS **536 TURNBERRY LANE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)