

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90142 030 \*\*\*150.00

**DOCUMENT # F96000004886**

1. Entity Name  
**KILBRIDE INTERNATIONAL LEASING & INVESTMENT COMP ANY, INC.**



Principal Place of Business  
**CORPORATION TRUST CENTER  
1209 ORANGE ST  
WILMINGTON DE 19801**

Mailing Address  
**CORPORATION TRUST CENTER  
1209 ORANGE ST  
WILMINGTON DE 19801**

**90045819**



2. Principal Place of Business

3. Mailing Address

**277 PENMERRY L DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**GREENVILLE VA**

Zip

Country

Zip

Country

**24440**

**USA**

4. FEI Number **65-0816706**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HUME & JOHNSON, P.A.  
1401 UNIVERSITY DR, SUITE 301  
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

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

**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

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PITTKIN, KENNETH D  
% PENMERRY L FARMS, RT 2, BOX 666  
GREENVILLE VA 24440** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**277 PENMERRY L DR.  
GREENVILLE VA 24440** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
PITTKIN, MADELINE  
% PENMERRY L FARMS, RT 2, BOX 666  
GREENVILLE VA 24440** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**277 PENMERRY L DR  
GREENVILLE VA 24440** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**28 JAN. '03**

Date

**540 332 5970**

Daytime Phone #

CR2E034 (10/02)