

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000000960**

1. Entity Name

CHOICE LEASING CORP.**FILED**
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90001 012 ***150.00

Principal Place of Business

**C/O SMORODSKY
75 UNION AVENUE
RUTHERFORD NJ 07070**

Mailing Address

**C/O MYROSLAW SMORODSKY, PA.
P.O. BOX 1705
RUTHERFORD NJ 07070**

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 **22-3707686**

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

**LEPRELL, SAMUEL L
1930 SAN MARCO BLVD
STE 201
JACKSONVILLE FL 32207**

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.

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PDC	<input checked="" type="checkbox"/> Delete
NAME	HANLEY, KEVIN B	
STREET ADDRESS	65 WASHINGTON AVE.	
CITY-ST-ZIP	MAYWOOD NJ 07607	
TITLE	SDC	<input checked="" type="checkbox"/> Delete
NAME	HANLEY, DONALD K	
STREET ADDRESS	126 HACKETT PL	
CITY-ST-ZIP	RUTHERFORD NJ 07070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	COLIN HANLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27 FRANKLIN AVENUE	
STREET ADDRESS	WASHINGTON, NJ	
CITY-ST-ZIP	07057	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)