

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90034 042 ***150.00

UNIFORM ACT

DOCUMENT # F97000000960

1. Entity Name

CHOICE LEASING CORP.

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**

00021000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**C/O SMORODSKY
 Suite, Apt. #, etc.
 47 ORIENT Way, Suite
 City & State
 RUTHERFORD NJ LLC
 Zip
 07070
 Country
 USA**

3. Mailing Address

**C/O MYROSLAW SMORODSKY, PA
 Suite, Apt. #, etc.
 47 ORIENT Way, Suite
 City & State
 RUTHERFORD NJ
 Zip
 07070
 Country
 USA**

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

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

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.

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HANLEY, COLIN	
STREET ADDRESS	27 FRANKLIN AVE	
CITY-ST-ZIP	WALLINGTON NJ 07057	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 OF OFFICER

ASSISTANT SECRETARY MYROSLAW SMORODSKY

1/22/02

Date

201-507-4500

Daytime Phone #

CR2E034 (9/01)