

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90448 042 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F97000005133**

1. Entity Name  
**LOGIC LEASING, INC.**



**11001781**

Principal Place of Business  
**350 EAST LAS OLAS BLVD  
SUITE 1400  
FORT LAUDERDALE, FL 33301**

Mailing Address  
**SCHANDER, HARRISON GOLDSTEIN & MANELLO  
265 FRANKLIN STREET  
BOSTON, MA 02110**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**Duane Morris LLP**

Suite, Apt. #, etc.

**470 Atlantic Ave., Suite 500**

City & State

**Boston, MA**

Zip

**02210**

Country

**USA**

4. FEI Number

**65-0560407**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$6.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FLYNN, JOHN J  
350 EAST LAS OLAS BLVD  
SUITE 1400  
FORT LAUDERDALE, FL 33301**

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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.  
After May 1, 2003 Fee will be \$650.00  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PAUL, MARK A  
23 CASTLE HARBOR ISLE  
FT. LAUDERDALE, FL 33316** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
FLYNN, JOHN J  
2541 DEL LAGO DRIVE  
FT LAUDERDALE, FL 33316** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
SNYDER, RICHARD J  
40 PEARL ROAD  
NAHANT, MA 01908** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVAC  
WITHERBY, FREDRICK R.H. JR  
2210 NE 48TH STREET  
POMPANO BEACH, FL 33064** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
FLYNN, FRANCES  
2541 DEL LAGO DRIVE  
FORT LAUDERDALE, FL 33316** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
STANCL, WILLIAM  
3287 NW 62 LANE  
BOCA RATON, FL 33496** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**(zip code) 33308**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**Lighthouse Point, FL 33064**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**CFO  
Chris Gillis  
11114 S.W. 37th Manor  
Davie, FL 33328**

TITLE  
NAME  
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)(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:

**Richard J. Snyder, Clerk**

**4/17/03**

**617-289-9292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)