

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000003055**

1. Entity Name

PERFORMANCE LEASING SYSTEMS, INC.

Principal Place of Business

1500 COLONIA BLVD
STE 232
FT MYERS FL 33907

Mailing Address

1500 COLONIA BLVD
STE 232
FT MYERS FL 33907

2. Principal Place of Business

4575 Via Royale
Suite 101

3. Mailing Address

P.O. Box 60012

Suite, Apt. #, etc.

City & State

Fort Myers, FL

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90058 042 ***150.00



DO NOT WRITE IN THIS SPACE

Zip

33917

Country

USA

Zip

33906

Country

USA

4. FEI Number

36-3728519

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOKSICH, NIKOLAS A
1500 COLONIAL BLVD
#232
FT MYERS FL 33907

Name

NICHOLAS A. YOKSICH

Street Address (P.O. Box Number is Not Acceptable)

4575 Via Royale Suite 101

City

Fort Myers

FL

Zip Code
33917

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP YOKSICH, NICHOLAS 2630 SE 19TH AVE CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STROSCHEIN, RONALD E JR 364 SWEET CLOVER ROUND LAKE IL 60073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, and all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02 (941) 277-7995
Daytime Phone #

CR2E034 (9/01)