FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J31414 1. Entity Name MERCANTILE BANK LEASING, INC.					Jan 17, 2001 8:00 am Secretary of State 01-17-2001 90078 001 ***150.00				
Principal Place 5440 MARINER 3 204 TAMPA FL 3360 US	ST .	Mailing Address 5440 MARINER ST 204 TAMPA FL 33609 US			C0004754				
	ace of Business Avenue N.	3. Mailing Address Sam &							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City	Petersburg, FL	City & State		4.	FEI Number	59-2722056	<u> </u>	plied For t Applicable	
Zip 33	704 USA	Zip	Country	5.	Certificate of S	tatus Desired	S8.75 Add		
	6. Name and Address of Current F	Registered Agent		7.		dress of New Reg	istered Agent		
5440	PF, HENRY MARINER STREET, SUITE 204 PA FL 33609		Street A	ddress (P.O. I		Not Acceptable) A VIAVE	N. FL Zip Cood	704	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or	registered a	gent, or both, in	the State of Floric	la.		
9. This corpo Tax filing re	Signature, typed or printed name of registered agent a ration is eligible to satisfy its Intangible equirement and elects to do so.			00	10. Election	n Campaign Finan und Contribution.		O May Be	
11.	OFFICERS AND I	DIRECTORS	12.				RS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUMPF, HENRY 5731 IMPERIAL KEY TAMPA FL 33609	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dougle	ent / Di is wint and Av Aresburg	rector On One N. FL 33	□ Change	Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKLEY, ROBERT 425 22ND AVENUE NORTH SAINT PETERSBURG FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secret	OCY ID		: Change	Addition	SR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
13. I hereby of indicated	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	the exemption star	ted in Section ave the same	119.07(3)(i), F	lorida Statutes, I fu if made under oat	irther certify that the in	or director	

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTORY

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTORY

Date

Date