2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J59602 1. Entity Name **NEXUS LEASING CORPORATION**

Deine in all Diana	-1 D	AA-TILL AALL								
Principal Place of Business Mailing Address										
1903 S CONGRESS AVE STE 400 BOYNTON BEACH FL 33426		1903 S CONGRESS AVE STE 400 BOYNTON BEACH FL 33426					•			
US	116 00420	US				1 1881114 BIBI AILIE 18118 BIIII 44		11 0 1011 016 11	# #	
2. Principat Pla	ce of Business	3. Mailing Address								
2500 Qua	antum Lakes Drive	2500 Quantum Lakes Drive			e		HO 1101 01011 0HUH 1 16	A DIDIC BIRTH	BIOR IDAE	
Suite, Apt. #, etc. Ste. 1000		Suite, Apt. #, etc. Ste. 1000				DO NOT WE	RITE IN THIS SPA	CE		
City & State		City & State			4. F	El Number 11-26119	81		plied For	
Zip	Beach, FL	Boynton Beach, FL						: Applicable		
33426	Country USA	"",		,	5. (Certificate of Status Desired		.75 Addi Required		
33420	6. Name and Address of Current	1			7. 1	7. Name and Address of New Registered Agent				
		<u> </u>		Name						
	ELL, MICHAEL F. S CONGRESS AVE			Street Address (P.O. Box Numbor is Not Acceptable)						
STE 4 B OYN	00 TON BEACH-FL 33426			2500	Quantu	m Lakes Drive,)		
				Boynt	on Bead	ch	1 12 T	Zig Gode 3342	<u> </u> 6	
8. The above n	named entity submits this statement for	or the purpose of changing its	registere	d office or r	egistered ag	gent, or both, in the State of	Florida.			
	$\bigcirc 1$	/					, , , ,			
SIGNATURE	Gnature, typed or project same of instead gent			rrell Agent signature	e required when s	einstating)		0]		
O 750:						T				
	ation is eligible to satisfy its Intangible equirement and elects to do so. a on back)	After MAY 1, 2 Make Check Paya	001 Fee	will be \$55	0.00	10. Flection Campaign Trust Fund Contribu			0 May Be I to Fees	
11.	OFFICERS AND		12.			_ DDITIONS/CHANGES TO C	FFICERS AND DI	RECTORS	3 IN 11	
TITLE	D	☐ Delete	TITLE					1 Change	Addition	
	MORRELL, MICHAEL F.		NAM							
STREET ADDRESS CITY-ST-ZIP	1000 0 0011011200 1112 012 100			2500 Quantum Lakes Drive, Ste. 1000 -SI-ZP Boynton Beach, FL 33426						
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CITY-ST-ZIP			II	(-ST-ZIP						
I 13. Thereby of	ertify that the information supplied wi	th this filing does not qualify t	or the exc	emption stat	ed in Section	n 119.07(3)(i). Florida Statut	es. I further certify	that the i	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Morrell

4.17.01

FILED

Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90072 029 ***150.00