

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90177 012 ***150.00

U313500 AV

DOCUMENT # J72238

1. Entity Name
LTi VEHICLE LEASING CORP.

Principal Place of Business
5713 CORPORATE WAY
200
W PALM BCH FL 33407
US

Mailing Address
5713 CORPORATE WAY
200
W PALM BCH FL 33407
US

964589



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1750 East Sunrise Blvd.

3. Mailing Address
1750 East Sunrise Blvd.

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33304

Country
US

4. FEI Number
65-0028875

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FURMAN, J
1750 E. SUNRISE BLVD
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
 Name
Alissa E. Ballot
 Street Address (P.O. Box Number is Not Acceptable)
1750 East Sunrise Blvd.
 City
Fort Lauderdale **FL** Zip Code
33304

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 *Alissa E. Ballot* **Alissa E. Ballot** 4/17/02
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 NAME STREET ADDRESS CITY-ST-ZIP | P GRAHAM, ANTHONY L 5713 CORPORATE WAY WEST PALM BEACH FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MAURONER, SUZANN 5713 CORPORATE WAY WEST PALM BCH FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GRANT, NORMAN 5713 CORPORATE WAY 200 WEST PALM BEACH FL 33407 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Marcia Snyder 1750 East Sunrise Blvd. Fort Lauderdale, FL 33304 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V William Aber 1750 East Sunrise Blvd. Fort Lauderdale, FL 33304 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V, S Michele Apple 1750 East Sunrise Blvd. Fort Lauderdale, FL 33304 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE: *Michele Apple* **REQUIRED Vice President & Secretary** 4/22/02 954-760-5484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)