## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# K12004

Entity Name: DON L. LEASING MANAGEMENT, INC.

FILED Feb 19, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3250 NW 23 AVE 0-100 3250 NW 23 AVE 0-100

POMPANO BEACH, FL 33069 POMPANO BEACH, FL 330695903

Current Mailing Address: New Mailing Address:

3250 NW 23 AVE 0-100 3250 NW 23 AVE 0-100

POMPANO BEACH, FL 33069 POMPANO BEACH, FL 330695903

FEI Number: 65-0026643 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LLOYD, MAXWELL
3250 NW 23RD AVENUE
POMPANO BEACH, FL 33069
US
LLOYD, MAXWELL
3250 NW 23RD AVENUE O-100
POMPANO BEACH, FL 330695903 US

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: 02/19/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P () Delete

 Name:
 LLOYD, MAXWELL

 Address:
 3250 NW 23 AVE, #0-100

 City-St-Zip:
 POMPANO BCH, FL

Title: VPD ( ) Delete

Name: COHEN, STEPHEN

Address: 3250 NW 23 AVENUE, #0-100 City-St-Zip: POMPANO BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition

 Name:
 LLOYD, MAXWELL

 Address:
 3250 NW 23 AVE, #0-100

 City-St-Zip:
 POMPANO BCH, FL 330695903

Title: VPD (X) Change ( ) Addition

Name: COHEN, STEPHEN

Address: 3250 NW 23 AVENUE, #0-100 City-St-Zip: POMPANO BEACH, FL 330695903

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXWELL LLOYD P 02/19/2003