

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90077 016 \*\*\*\*50.00

**DOCUMENT # L00000005503**

1. Entity Name

**ADMONT LEASING, LLC**



Principal Place of Business

Mailing Address

**2073 PORTER LAKE DRIVE, UNIT C  
SARASOTA FL 34240**

**2073 PORTER LAKE DRIVE, UNIT C  
SARASOTA FL 34240**

**44001575**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**395 COMMERCIAL COURT**

3. Mailing Address

**395 COMMERCIAL COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE D**

**SUITE D**

City & State

City & State

**VENICE, FL**

**VENICE, FL**

4. FEI Number **65-1008703**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34292**

**USA**

**34292**

**USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAPOLITANO & COOPER, P.A.  
100 WALLACE AVE, SUITE 240  
SARASOTA FL 34237**

Name

**STEPHEN K. BOONE  
BOONE, BOONE, BOONE, HINES, & KODA, P.A.**

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

**1001 AVE DEL CIRCO**

City

**VENICE**

**FL**

Zip Code

**34285**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

*[Signature]*

**STEPHEN K. BOONE**

**4-25-03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **MONTGOMERY, ROBERT**  
STREET ADDRESS **2073 PORTER LAKE DRIVE, UNIT C**  
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **MGR** ☐ Delete  
NAME **ADRIAN, DENNIS**  
STREET ADDRESS **2073 PORTER LAKE DRIVE, UNIT C**  
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*[Signature]*

**ADRIAN, MGR**

Date

**3/5/03**

Daytime Phone #

**(941) 485-6802**

CR2E083 (10/02)