2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000005588

1. Entity Name

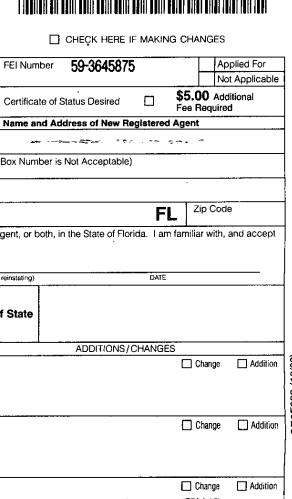
JACKSON EQUIPMENT LEASING, L.L.C.



Mailing Address Principal Place of Business 1120 EAST WISCONSIN AVE. PO BOX 740708 ORANGE CITY FL 32774-0708 ORANGE CITY FL 32763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3645875 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name والمراجع والأواد المحتجد منتوسه منتو CUTRONA, JERRY M Street Address (P.O. Box Number is Not Acceptable) 1120 EAST WISCONSIN AVENUE **ORANGE CITY FL** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR ☐ Change ■ Addition TITLE ☐ Defete **CUTRONA, JERRY** NAME STREET ADDRESS 1120 E WISCONSIN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE CITY FL** MGR ☐ Delete ☐ Change Addition TITLE TITLE CUTRONA. MELINDA E NAME NAME 1120 E WISCONSIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ORANGE CITY FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90041 046 ****50.00



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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

JIRMELINOA E. CUTRONA 1/28/03

☐ Change

☐ Addition