2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am ³ Secretary of State DOCUMENT # L0000008637 04-17-2002 90034 045 ****50.00 NEWSOM EQUIPMENT LEASING, L.L.C. Mailing Address Principal Place of Business 2521 NW 41ST STREET 2521 NW 41ST STREET **GAINESVILLE FL 32606** GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1005116 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Newson. DAVIS, THOMAS J JR ATTORNEY AT LAW 150 ALHAMBRA CIRCLE, SUITE 1260 ∕CÓRAL GABLES FL 33134-4535 City 8. The above named entity submits this statement for the purpose of phanging its registered office or registered agent, or both, in the State of Florida. SIGNATURE 3 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE □ Change ☐ Addition TITLE ☐ Delete NAME NEWSOM, WILLIAM A M.D. NAME STREET ADDRESS 2521 NW 41ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE