

FILED
Feb 24, 2002 8:00 am
Secretary of State

01-23-2002 90080 023 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009971

1. Entity Name

MCKINNEY EQUIPMENT LEASING, LLC

Principal Place of Business

Mailing Address

16082 STATE RT. 170
EAST LIVERPOOL OH 43920

16082 STATE RT. 170
EAST LIVERPOOL OH 43920

- 13686



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEINERS, LOUIS M JR
2598 L'ERMITAGE LANE
NAPLES FL 34105

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MEM
NAME: MCKINNEY, THOMAS
STREET ADDRESS: 16082 ST RT 170
CITY-ST-ZIP: EAST LYNWOOD OH

TITLE: MCKINNEY, THOMAS
NAME: MCKINNEY, THOMAS
STREET ADDRESS: 16082 ST RT 170
CITY-ST-ZIP: EAST LIVERPOOL, OH 43920

TITLE: Sole Member
NAME: Sole Member
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Sole Managing Member
NAME: Sole Managing Member
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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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]

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

Date

1/15/02

330
385-1110

Daytime Phone #

CR2E083 (9/01)