2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2002 8:00 am Secretary of State

1. Entity Nan	MENT # LO1000(n equipment leasing, ll(,	02-05-200	-			
Principal Place of Business Mailing Address										
1371-D BRASS MILL RD RIVERSIDE MD 21017		1371-D BRASS MILL RD RIVERSIDE MD 21017								0.0
				•	i (Bankan) ini	1840) hibsi boni 981	i 141 0 11 01 J	र 101: 1991 199	171	63
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number Applied For 52 - 137 0 3 2-9 Not Applied ble .					
Zip	Country	Zip	Country	,	Certificate of S			\$5.00 Add	litional	7
	6. Name and Address of Current	Registered Agent	-		Name and Ad	tress of New R	egistered /	Agent		ゴ
ANTINITOO ID A ONIO M				Name .						
MEINERS JR, LOUIS M 2598 L'ERMITAGE LANE NAPLES FL 34105				Street Address (P.O. Box Number is Not Acceptable)						
		•	_	Nin .				70.00		_
				City	FL Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its	registered o	office or registered a	agent, or both, ir	the State of Flo	rida.			
ŞIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Ag	ent signature required when	n reinstating)		DATE			
Make Check Paya				E IS \$50.00 Department of S1 1, 2002	ate					
9.	MANAGING MEMBE		1 10.			ADDITIONS/	CHANGES			┥
TITLE	President	Deleta	TITLE			ADDITIONS/	CIDINGES	☐ Change	☐ Addition	डि
NAME	Bruce D. Tillman 1371-D Brassmill PD	-	NAME							8
STREET ADDRESS CITY-ST-ZIP	1371-D Brassmill PD Reducide MD 21017			DORESS ZIP			•			CR2E083 (9/01)
TITLE		☐ Delete	TITLE					☐ Change	Addition] ပ
NAME STREET ADDRESS		• *	NAME STREET AL CITY-ST-		٠					
CITY-ST-ZIP		- Delete	TITLE	<u> </u>	· - -		المشداة	- Change	☐ Addition	1
NAME STREET ADDRESS CITY-ST-ZIP	,		NAME STREET AL CITY-ST-	l l		•				
TILE	<u> </u>	Delete	IIITE	- 				Change	Addition	1
NAME			NAME	1	•					1
STREET ADDRESS			STREET AC	li i						
TITLE		☐ Delete	TITLE	- 				Change	Addition	1
NAME			NAME	1						l
STREET ADDRESS CITY-ST-ZIP			STREET AD	l l] .
TITLE	 	☐ Delete	TITLE	LIF .				☐ Change	Addition	
NAME ,		☐ Nek®	NAME					Overige	المالالمال ليها	ľ
STREET ADDRESS			STREET AD							
CITY-ST-ZIP			CITY-ST-							-
indicated	ertify that the information supplied with on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall have th	ne same leg	pal effect as if made	under oath; tha	t I am a manag	further certi ing member	ily that the in r or manager	formation of the	