

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90045 014 *****50.00

DOCUMENT # L01000008676

1. Entity Name
RICE LEASING, LLC



Principal Place of Business
**8069 CLEAR SHORES CIRCLE
DELRAY BEACH FL 33446**

Mailing Address
**8069 CLEAR SHORES CIRCLE
DELRAY BEACH FL 33446**

20019337



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-3644829**

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

**T.N. MURPHY, JR., P.A.
980 NORTH FEDERAL HWY., STE. 410
BOCA RATON FL 33432**

Name **ERIC OLEKSY**

Street Address (P.O. Box Number is Not Acceptable)
1821 TINKER DRIVE

City **DAVUTZ**

FL

Zip Code **33549**

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 reinstating)

DATE

1-8-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** **OLEKSY** ☐ Delete
NAME **OLESKY, CARL**
STREET ADDRESS **8069 CLEAR SHORES CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **V** ☐ Change ☒ Addition
NAME **ERIC OLEKSY**
STREET ADDRESS **1821 TINKER DR**
CITY-ST-ZIP **DAVUTZ, FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

CARL OLEKSY

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

Date

Daytime Phone #

1-8-03

561-638-4089

CR2E083 (10/02)