03/24/02 90036 008 50.00

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014765

1. Entity Name

~~C.P.A.I.O FINANCIAL SERVICES, L.L.C.~~

Premier Asset Leasing, LLC

Principal Place of Business	Mailing Address
5308 CENTRAL AVE ST PETERSBURG FL 33707	5308 CENTRAL AVE ST PETERSBURG FL 33707

FILED
02 JUN 24 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59 3737890 ☐ Applied For ☐ Not Applicable

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
RUGGERI, NICHOLAS J 5308 CENTRAL AVE ST PETERSBURG FL 33707	Name: Michelle Allyne Hazek Street Address (P.O. Box Number is Not Acceptable): 5308 Central Ave City: St Petersburg, Fl FL Zip Code: 33707

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: Michelle Allyne Hazek 6-4-2

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

AL

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michelle AllyneHazek 5308 Central Ave St Petersburg, Fl 33707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member ~~Manager~~ Michelle AllyneHazek 5308 Central Ave St Petersburg, Fl 33707 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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: Michelle Allyne Hazek 3-2-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #