

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90079 003 *****50.00

DOCUMENT # L01000015953

1. Entity Name

FINANCIAL CENTER LEASING, LLC

Principal Place of Business

**7650 COURTNEY CAMPBELL CAUSEWAY
 SUITE 1120
 TAMPA FL 33607**

Mailing Address

**7650 COURTNEY CAMPBELL CAUSEWAY
 SUITE 1120
 TAMPA FL 33607**

956698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**712 S. Oregon Ave
 Suite Apt. #, etc.
 200**

3. Mailing Address

**712 S. Oregon
 Suite Apt. #, etc.
 200**

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

Zip

33606

Country

4. FEI Number

59-3349533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KRUSEN, WILLIAM A JR.
 7650 COURTNEY CAMPBELL CAUSEWAY
 SUITE 1120
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

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

712 S. Oregon Ave.

Suite 200

City

Tampa

FL

Zip Code

33606

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

William A. Krusen, Jr.

4-25-02

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

**MGR
 Krusen, W.A., Sr.
 712 S. Oregon Ave., Suite 200
 Tampa, FL 33606**

☐ Delete

10. ADDITIONS/CHANGES

☐ 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

**TITLE
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 CITY-ST-ZIP**

☐ Delete

**TITLE
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 CITY-ST-ZIP**

☐ Change

☐ Addition

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☐ Delete

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☐ Change

☐ Addition

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☐ 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:

William A. Krusen, Sr.

4-25-02

813-837-3009

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

Date

Daytime Phone #