## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0200003238

1. Entity Name

HP LEASING LLC



Principal Place of Business Mailing Address 7154 N. UNIVERSITY DRIVE 7154 N. UNIVERSITY DRIVE #112



TAMARAC FL 33321		TAMARAC FL 33321		LEASURY ON ASIA TION SOUR COURS	<b>riis ba</b> iki <b>ca</b> koo i	IIII <b>a</b> 318 <b>8</b> 7	t liika idir idas	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number Applied For 33 - 0994039 Not Applied For			
Zip			Country		5. Certificate of Status Desired	□ \$5.		dditional
	6. Name and Address of Cu	rrent Registered Agent			7. Name and Address of New Reg			<del></del>
FRI	EEDMAN, IAN		Na	me -	e e e e e e e e e e e e e e e e e e e			
8566 NW 2 MANOR CORAL SPRINGS FL 33071				Street Address (P.O. Box Number is Not Acceptable)				
	MAL OF MINOS FL 3307							
•			Cit	y		FL	Zip Coc	Je
8. The above	e named entity submits this statem	ent for the purpose of changing it	s registered offi	ce or registers	ed agent, or both, in the State of Florida			
the obliga	itions of registered agent.	, . ,	e regional de em	or or registere	ed agent, or both, in the State of Florida	i. I am famili	ar with,	and accept
SIGNATURE								
	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent	signature required s	when reinstating)	DATE		<del></del>
	No	FILE N	OW!!! FEE	S \$50.00	Surger W		-	
		THE PERSON NAMED TO A PROPERTY OF THE PROPERTY OF THE PERSON NAMED TO A PERSON NAMED	ie By May 1	Departmen 2003	It of State			
9.	MANAGING ME	MBERS/MANAGERS	10.	L. M. St. W. St.	ADDITIONS/CH	ANGES		
TITLE	2	☐ Delete	TITLE	Wee	$\mathcal{C}$		Change	Addition
NAME STREET ADDRESS	7.72.72		NAME		FRETOMAN			122 Piddition
CITY-ST-ZIP	R. Carlotte		STREET ADDR	ESS   8566	NW 2 MANOR,			
			CITY-ST-ZIP	COR	AL SPRINGS EL 39	3071		
TITLE		☐ Delete	TITLE	MGG	cm <sup>2</sup>		Change	X Addition
NAME STREET ADDRESS	in the second se		NAME	wich	19 Lakeway Drive 20, TX 76248	M _		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	SS 220	9 Lakeway Drive			}
			CITY-ST-ZIP	Kella	20, TX 76248			1
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STREET ADDRESS		•	NAME					
City-ST-Zip	Pr.		STREET ADDRES	×s		*		
TITLE			CITY-ST-ZIP					
THE .	•	Delete	TITLE					☐ Addition

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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

ISY 753 62F/

☐ Change

☐ Addition