

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90027 014 ****55.00

DOCUMENT # L02000020748

1. Entity Name

CALYPSO LEASING, LLC



Principal Place of Business

**4420 BEACON CIRCLE
WEST PALM BEACH FL 33407**

Mailing Address

**4420 BEACON CIRCLE
WEST PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

12067 EDGEWATER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH GARDENS, FL

4. FEI Number

01-0741988

Applied For

Not Applicable

Zip

Country

Zip

Country

33410

USA

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

**STANTON, ROGER C
4420 BEACON CIRCLE
WEST PALM BEACH FL 33407**

Name

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

City

FL

Zip Code

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

**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 **MGR** ☐ Delete
NAME **HARMS, HAROLD H II**
STREET ADDRESS **7169 N. 49TH TERRACE**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **MANAGER** ☐ Change ☒ Addition
NAME **DOROTHEA B. HARMS**
STREET ADDRESS **12067 EDGEWATER DR.**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Dorothea B. Harms

02-04-03 (561) 624-1421

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

Date

Daytime Phone #

CR2E083 (10/02)