


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0051297

DOCUMENT # L02000022968

1. Entity Name
ONLINE LEASING SERVICES, LLC



Principal Place of Business: **9831 SOUTH ORANGE AVENUE ORLANDO FL 32824**
Mailing Address: **9831 SOUTH ORANGE AVENUE ORLANDO FL 32824**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: **P.O. Box 530895**
Suite, Apt. #, etc.

City & State: **De Bary, FL**
4. FEI Number: **81-0576159**
Applied For: Not Applicable

Zip: **32753** Country: **USA**
5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

FILED
03 APR 23 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**PILOTTE, FRANK T ESQ.
C/O MURPHY, REID, ET AL
340 ROYAL PALM WAY, SUITE 100
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

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: Manager NAME: Tamara L. Canatsey STREET ADDRESS: 367 River Bluff Circle CITY-ST-ZIP: De Bary, FL 32713 <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	800016800348 04/23/03--01053--001 **\$5.00
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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:  **4/14/03** **386-668-1259**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)