
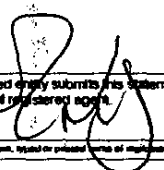
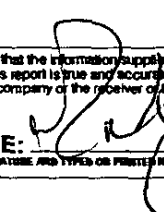


**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90024 001 \*\*\*150.00

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

<b>DOCUMENT # L02000024005</b>			
1. Entity Name <b>EXPRESS LEASING, L.L.C.</b>			
Principal Place of Business <b>13652 N. 12TH STREET TAMPA, FL 33613</b>		Mailing Address <b>PO BOX 273896 TAMPA, FL 33688-3896</b>	
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 <b>47-0888035</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GONZALEZ, KANE M 13652 N. 12TH STREET TAMPA, FL 33613</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>KANE M. GONZALEZ</b> DATE <b>07-26-03</b>			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGRM GONZALEZ, KANE M 13652 N. 12TH STREET TAMPA, FL 33613</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	
10. ADDITIONS/CHANGES		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 808, Florida Statutes. SIGNATURE:  <b>KANE M. GONZALEZ</b> DATE <b>07-26-03</b>			

90148355

☐ CHECK HERE IF MAKING CHANGES

CR2003 (1/02)

Attachment#  
90148355

July 29, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

**RE: Express Leasing, LLC.**  
**FEI # 47-0888635**  
**Document # L02000024005**

Dear Sir or Madam,

Please find the enclosed 2003 Profit Corporation - Uniform Business Report with regard to the above referenced matter. Please be advised we did not received prior notice or secondary notice for filing. The UBR report had to be downloaded from internet ([www.sunbiz.org](http://www.sunbiz.org)). We are asking that the \$400 late fee be waived as we do have two other corporations in which we did not receive prior notice.

Should you have any questions, please contact me at (813)931-1180.

Thank you,

  
Kane M. Gonzalez