

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90104 001 \*\*\*\*50.00

DOCUMENT # L02000027168

1. Entity Name  
**HOPE LEASING, LLC**



Principal Place of Business  
**14917 SHERROD CROFT LANE  
DADE CITY FL 33525**

Mailing Address  
**14917 SHERROD CROFT LANE  
DADE CITY FL 33525**

2. Principal Place of Business  
**14917 SHERROD CROFT LN.**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.

City & State  
**DADE CITY FL**  
Zip  
**33525** Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**01-0749061**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOPE, RICHARD P  
14917 SHERROD CROFT LANE  
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name **RICHARD P. HOPE**  
Street Address (P.O. Box Number is Not Acceptable)  
**14917 SHERROD CROFT LN.**  
City **DADE CITY** FL Zip Code **33525**

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 **Richard P. Hope**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/11/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. **PRESIDENT** MANAGING MEMBERS/MANAGERS

TITLE **RICHARD P. HOPE** ☐ Delete  
NAME  
STREET ADDRESS **14917 SHERROD CROFT LN.**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **NONE** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **NONE** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **NONE** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **NONE** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **NONE** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**Jan 7, 2003**

CR2E083 (10/02)