

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90057 015 \*\*\*\*55.00

DOCUMENT # L02000033053

1. Entity Name

WYOMING LEASING COMPANY, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2633 SPANISH RIVER RD.

3. Mailing Address

P.O. Box 1317

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

33432

Country

Zip

33429

Country

USA

4. FEI Number

33-1033190

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BURRELL M. WIGGINS

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

2633 SPANISH RIVER RD.

City

BOCA RATON

FL

Zip Code

33432

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: Burrell M. Wiggins BURRELL M. WIGGINS Co-MANAGER 2-19-03

Signature, typed or printed name of registered agent, and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BURRELL M. WIGGINS
STREET ADDRESS	2633 SPANISH RIVER RD.
CITY-ST-ZIP	BOCA RATON, FL. 33432
TITLE	MGRM
NAME	C. JAMES YOUNG
STREET ADDRESS	9009 RIVERTRACE COURT
CITY-ST-ZIP	RICHMOND, VA. 23229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/02)

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: Burrell M. Wiggins BURRELL M. WIGGINS 2-19-03 561-367-9250

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

Date

Daytime Phone #