

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L33212

1. Entity Name

SKW Leasing Corporation

FILED

02 JUN 19 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19050 Glades Cut-Off Rd

3. Mailing Address

19050 Glades Cut-Off Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie, FL 34987

City & State

Port St. Lucie, FL 34987

4. FEI Number

650216563

Applied For

Not Applicable

Zip
34987

Country
USA

Zip
34987

Country
USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John J. Wilson

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

19050 Glades Cut-Off Road

City

Port St. Lucie

FL

Zip Code
34987

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE John J. Wilson

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

(NOTE: Registered Agent signature required when reinstating)

June 6, 2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
John J. Wilson
19050 Glades Cut-Off Road
Port St. Lucie, FL 34987

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
John J. Wilson
19050 Glades Cut-Off Road
Port St. Lucie, FL 34987

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
John J. Wilson
19050 Glades Cut-Off Road
Port St. Lucie, FL 34987

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John J. Wilson/June 6, 2002/772/461-8270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #