CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State DOCUMENT # L60259 1. Entity Name 04-22-2002 90177 004 ***150.00 GIBNEY LEASING CORP. OF FLORIDA Principal Place of Business Mailing Address 500 ROCK RD N 7090 WEDDINGTON RD EXT FT. PIERCE FL 34945 CONCORD NC 28027 US 2. Principal Place of Business 3. Mailing Address 1090 Wedding Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 2<u>N</u>CO(ct 65-0202097 Not Applicable Zip Country \$8.75 Additional 28027 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GIBNEY, THOMAS** Street Address (P.O. Box Number is Not Acceptable) 1168 SW COLEMAN AVE **PORT SAINT LUCIE FL 34953** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GIBNEY, VIRGINIA G STREET ADDRESS 603 GASTBY PL. STREET ADDRESS CITY-ST-ZIP CONCORD NC 28027 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GIBNEY, THOMAS R JR NAME STREET ADDRESS STREET ADDRESS 3 COED LANE CITY-ST-ZIP STONYBROOK NY 11793 CITY-ST-ZIP TITLE ☐ Delete TITLE Change _ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if

changed, or on an attachment with an address, with all other SIGNATURE:

6-02