

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # L78869

1. Entity Name  
LEASEVISION, INC.



FILED  
Feb 13, 2004 08:00 AM  
Secretary of State

Principal Place of Business

100 S. ASHLEY DRIVE  
SUITE 2100  
TAMPA, FL 33602 US

Mailing Address

100 S. ASHLEY DRIVE  
SUITE 2100  
TAMPA, FL 33602 US



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3012234

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAVOL, WALTER J JR  
7852 SADDLE CREEK TRAIL  
SARASOTA, FL 34241

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000051225  
02/16/04-80043-006 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DP  
BAVOL JR, WALTER  
7852 SADDLE CREEK TRAIL  
SARASOTA, FL 34241

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04 813-2216000  
Date Daytime Phone #