

2001 UNIFORM BUSINESS REPORT (UBR)

0027287 AF

DOCUMENT # M00000002144

1. Entity Name
AUTO LEASE SERVICES LLC

FILED

01 APR 27 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
25505 WEST TWELVE MILE ROAD
SOUTHFIELD MI 48034

Mailing Address
25505 WEST TWELVE MILE ROAD
SOUTHFIELD MI 48034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
25505 W. 12 Mile Road

3. Mailing Address
Suite 5070

Suite, Apt. #, etc.
Suite 3000

Suite, Apt. #, etc.

City & State
Southfield, MI

City & State
Southfield, MI

4. FEI Number
38-3544147

Applied For
Not Applicable

Zip
48034-8339

Country
US

Zip
48086

Country
US

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FOSS, DONALD A
25505 WEST TWELVE MILE ROAD
SOUTHFIELD MI 48034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROBERTS, BRETT A
25505 WEST TWELVE MILE ROAD
SOUTHFIELD MI 48034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUSK, DOUGLAS W
25505 WEST TWELVE MILE ROAD
SOUTHFIELD MI 48034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
STIDD, ANDREW L
25505 WEST TWELVE MILE ROAD
SOUTHFIELD MI 48034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BURNS, KEVIN P
25505 WEST TWELVE MILE ROAD
SOUTHFIELD MI 48034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004217853
-05/15/01--01103--001
*****50.00 *****50.00

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

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

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

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

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

Date

Daytime Phone #

4/23/01 (248)353-2700

CR2E083 (11/00)