

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90087 020 ***550.00

DOCUMENT # M85129

1. Entity Name
SAGITTARIUS LEASING, INC.



Principal Place of Business
~~905 MIZZENMAST LN~~
TAMPA FL 33602
US

Mailing Address
~~905 MIZZENMAST LN~~
TAMPA FL 33602
US

2. Principal Place of Business
1021 Royal Pass Rd.
Suite, Apt. #, etc.
Tampa, FL

3. Mailing Address
1021 Royal Pass Rd.
Suite, Apt. #, etc.
Tampa, FL

City & State



CHECK HERE IF MAKING CHANGES

Zip Country
3-3602 USA

Zip Country
33-602 USA

4. FEI Number **59-2899029** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MABIE, LEFFERTS L
~~905 MIZZENMAST LN~~
TAMPA FL 33602

7. Name and Address of New Registered Agent
Name **Lefferts L. Mabie, III**
Street Address (P.O. Box Number is Not Acceptable)
1021 Royal Pass Rd.
City **Tampa** FL Zip Code **33602**

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 *Lefferts L. Mabie III* DATE **9-9-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MABIE, LEFFERTS L., III	
STREET ADDRESS	905 MIZZENMAST LN	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROCHE, JOHN	
STREET ADDRESS	2470 AIRPORT BLVD.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	DS	<input type="checkbox"/> Delete
NAME	EVANOFF, RITA	
STREET ADDRESS	905 MIZZENMAST LN	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mabie, Lefferts L., III	
STREET ADDRESS	1021 Royal Pass Rd.	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evanoff, Rita	
STREET ADDRESS	1021 Royal Pass Rd.	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lefferts L. Mabie III* DATE **9-9-03** DAYTIME PHONE # **813-213-6811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)