2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

SUITE 401

2200 CORPORATE BLVD. N.W.

BOCA RATON FL 33431

P00000011801 **DOCUMENT #**

Country

2200 CORPORATE BOULEVARD, N.W.

6. Name and Address of Current Registered Agent

1. Entity Name

SUITE 401

Principal Place of Business

BOCA RATON FL 33431

Suite, Apt. #, etc.

City & State

HCRM CORP.

SUITE 401

Zip

2200 CORPORATE BLVD. N.W.

2. Principal Place of Business

C L EQUIPMENT LEASING CORP.

ATION (UBR)		FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90135 037 ***150.00							
N.		w. ···			<u>'</u>				
		CHECK HERE IF MAKIN	NG CH	ANGES					
	4.	65-6089364		-	plied For Applicable				
Country	5. (Certificate of Status Desired	75 Additional Required						
	7. 1	lame and Address of New Registere	d Agen	t					
Name									
Street Address (P.O. B	ox Number is Not Acceptable)							
City		F	L	Zip Code					
gistered office or register egistered Agent signature required		ent, or both, in the State of Florida. I an		ar with, a	and accept				
		Election Campaign Financing Trust Fund Contribution.		\$5.0 0 Added	May Be to Fees				
11.	ΑD	DITIONS/CHANGES TO OFFICERS A							
TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change 	Addition				

BOCA RATON FL 33431			ŀ				
			City	FL Zip Code			
	named entity submits this statement for the purp ions of registered agent.	ose of changing its reg	istered office or r	registered agent, or both, in the State of Florid	a. I am familia	r with, a	ind accept
SIGNATURE .	Signature, typed or printed name of registered agent and title if app	licable. (NOTE: Re	gistered Agent signatur	e required when reinstating)	DATE)
🤯 After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State			9. Election Campaign Finan Trust Fund Contribution.		Added	May Be to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHTD DUPREY, LAWRENCE A 2200 CORPORATE BLVD. N.W., SUITE 46 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COOK, JOSEPH R 2200 CORPORATE BLVD. N.W., SUITE 40 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		c	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DUPREY, LAWRENCE A 2200 CORPORATE BLVD., N.W., STE 40 BOCA RATON FL 33431	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		C	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ cı	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ C1	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		ci	hange	Addition

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 adgress, with all other like empowered.

SIGNATURE: