

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90031 026 ***150.00

DOCUMENT # P00000083096

1. Entity Name
BARQUIP LEASING, INC.

Principal Place of Business
5660 BAYSHORE RD.
N FT MYERS FL 33917

Mailing Address
5660 BAYSHORE RD. #3
N FT MYERS FL 33917

2. Principal Place of Business
1110 PINE ISLAND RD
Suite, Apt. #, etc. UNIT 5

3. Mailing Address
1110 PINE ISLAND RD
Suite, Apt. #, etc. UNITS



DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL

City & State
CAPE CORAL FL

4. FEI Number
65-1043614

Applied For
Not Applicable

Zip
33909

Country
U.S.A.

Zip
33909

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

STONE, LOUISE RAE
5660 BAYSHORE RD. #3
N FT MYERS FL 33917

7. Name and Address of New Registered Agent

Name
SAVAGE, PATRICK JAMES
Street Address (P.O. Box Number is Not Acceptable)
1110 PINE ISLAND RD.
UNIT 5

City
CAPE CORAL FL

Zip Code
33909

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

(NOTE: Registered Agent signature required when reinstating)

4/16/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
D ☒ **Delete**
NAME
STONE, LOUISE RAE
STREET ADDRESS
5660 BAYSHORE RD. #3
CITY-ST-ZIP
N FT MYERS FL 33917

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☒ **Change** ☐ **Addition**
NAME
SAVAGE, JAMES PATRICK
STREET ADDRESS
1110 PINE ISLAND RD - UNIT 5
CITY-ST-ZIP
CAPE CORAL, FL - 33909

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

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

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

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

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 **94-671-1713**
DATE **Daytime Phone #**

CR2E034 (9/01)