

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90751 001 \*\*\*\*75.00  
03-03-2003 90751 002 \*\*\*\*75.00

**DOCUMENT # P00000089762**

1. Entity Name  
**PALM COAST PROPERTY LEASING CORPORATION, INC.**



Principal Place of Business  
**2 MARKET PLACE UNIT D  
PALM COAST FL 32137**

Mailing Address  
**2 MARKET PLACE UNIT D  
PALM COAST FL 32137**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3667679**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORADA, ANDREZEJ  
13 PANEI LANE  
PALM COAST FL 32164**

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

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/25/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PORADA, ANDREZEJ	
STREET ADDRESS	13 PANEI LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SKLADZIEN, RYSZARD	
STREET ADDRESS	123 COCHISE CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RYBSKI, LESZEK	
STREET ADDRESS	27 CENTURY LN	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REELEY, JOANNA	
STREET ADDRESS	P O BOX 351111	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 fee empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone

**2/25/03 386 445**

CR2E034 (10/02)