## **2002 UNIFORM BUSINESS REPORT (UBR)**

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P00000102915  1. Entity Name LTD LEASING, INC.						)	FILED Jan 21, 2002 8:00 am Secretary of State			
							01-21-2002 90048			
Principal Place of Business 11840 BRADY RD. JACKSONVILLE FL 32223			Mailing Address 11840 BRADY RD. JACKSONVILLE FL 32223							
·	lace of Business		3. Mailing Address							
Suite, Apt.	Suite, Apt. #, etc.	. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	El Number <b>59-3700439</b>	- +	oplied For ot Applicable	
Zip	Country		Zip Cour		у	5. Certificate of Status Desired S8.75 Additional Fee Required				
- 6Name and Address of Current			Registered Agent			7. Name and Address of New Registered Agent				
DEMENT, LARRY T 11840 BRADY RD.					Name Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32223				-	City FL Zip Code				e	
8. The above		ts this statement for th				egistered age	ent, or both, in the State of Florida.	•		
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 Str			0.00	I Trust Fund Contribution.   Added to Fees			
11.		OFFICERS AND DIF	RECTORS	12.		ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
	PRES DEMENT, LARRY 11840 BRADY RO JACKSONVILLE F	DAD	☐ Delete	NAME STREE	T ADDRESS ST-ZIP	-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS   CITY-ST-ZIP	SEC DEMENT, EVELYI 11840 BRADY RO JACKSONVILLE F	DAD	☐ Delete	TITLE NAME STREE CITY-S	ADDRESS ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<u>-</u> -	Delete	TITLE NAME STREE	- Address ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP			Delete ·····	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	Addition	

I hereby certify that the information supplied with this filling 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 in 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 receiver or trustee employered 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 attackment with an address of in all other like empowered.