

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90144 009 \*\*\*150.00

**DOCUMENT # P01000018140**

1. Entity Name  
**ATLANTIC LEASING, INC.**



Principal Place of Business  
**4799 N.E. 11TH AVENUE  
FORT LAUDERDALE FL 33334**

Mailing Address  
**4799 N.E. 11TH AVENUE  
FORT LAUDERDALE FL 33334**

**60004083**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1087744**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RUTHERFORD, DAVID  
624 N.W. 22ND STREET  
FORT LAUDERDALE FL 33311**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PD** ☐ Delete  
NAME **FRANK, ROBERT**  
STREET ADDRESS **P.O. BOX 2856**  
CITY-ST-ZIP **POMPAHO BEACH FL 33072**

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

TITLE **VD** ☐ Delete  
NAME **LONG, PHILIP**  
STREET ADDRESS **1700 E. OLAS OLAS PH #2**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE **STD** ☐ Delete  
NAME **VAN BLOIS, JOHN**  
STREET ADDRESS **520 N.E. 14TH STREET**  
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **D** ☒ Delete  
NAME **REVUELTA, LUIS O**  
STREET ADDRESS **2560 S.W. 27TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☒ Addition  
NAME **JEFFREY MORRIS**  
STREET ADDRESS **1977 N.W. 29th ROAD**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **D** ☒ Delete  
NAME **LUDWICK, BILL**  
STREET ADDRESS **4880 NW 98TH WAY**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ Change ☒ Addition  
NAME **DALE PICKFORD**  
STREET ADDRESS **11152 NANTUCKET BAY CT**  
CITY-ST-ZIP **WELLINGTON, FL 33414-8813**

TITLE **D** ☒ Delete  
NAME **HENCHEN, GARY**  
STREET ADDRESS **1585 S CONGRESS AVE**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Change ☒ Addition  
NAME **PAUL PRESTAKA**  
STREET ADDRESS **2744 NE 10th STREET**  
CITY-ST-ZIP **POMPAHO BEACH, FL 33062**

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**954-772-7045**

CR2E034 (10/02)