

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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90230 040 \*\*\*150.00

DOCUMENT # P01 000018474

1. Entity Name

McBoyle Leasing, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10191 Lantana Rd.

3. Mailing Address

10738 57th PL. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

65-1081376

Applied For

Not Applicable

Zip

33467

Country

Palm Beach

Zip

33467

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Craig S. McBoyle

Street Address (P.O. Box Number is Not Acceptable)

10738 57th PL. S.

City

Lake Worth

FL

Zip Code

33467

**DO NOT WRITE  
IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP McBoyle, Craig 10738 57th PL S. Lake Worth, FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

(561) 967-3011

Date

Daytime Phone #

CR2E034B (12/02)



**McPoyle's Leasing, Inc.**

10191 Lantana Road  
Lake Worth, FL 33467

Office: 561-967-3011  
Fax: 561-967-3012

May 8, 2003

Division of Corporations  
Florida Dept of State  
PO Box 1500  
Tallahassee, FL 32302

*Attachment*  
*# PO 1000018474*  
*10103911*

RE: Uniform Business Report

The following was just returned to me stating insufficient address. PLEASE accept this for the payment on the corporation. I called your office today and they told me to mail the ck along with the envelope.

If you have any questions, please call Michelle at 561-967-3011.

Sincerely,

Michelle McPoyle

P.S. Asked if I should overnight and ~~they~~  
you said 'No'.