

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

01-23-2004 90016 028 ***150.00
P01000053485

04 FEB -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000053485**

1. Entity Name

ASCO LEASING INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

804 CYPRESS BLVD

3. Mailing Address

804 CYPRESS BLVD

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

303

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-11057-3

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

24003673

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ALAN S. COHEN

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

804 CYPRESS BLVD #303

City

POMPANO BEACH

FL

Zip Code

33069

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

1/18/04

January 1: May 1: Fee is \$150.00

After May 1: Fee is \$350.00

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
**PRESIDENT
ALAN S. COHEN
804 CYPRESS BLVD #303
POMPANO BEACH FL 33069**

TITLE
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CITY-ST-ZIP

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**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:

ALAN S. COHEN

1/18/04

904 984 5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)