

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0607619 AV

DOCUMENT # P01000108906

1. Entity Name
GORMAN'S LEASING, INC.

04-11-2002 90673 022 ***150.00

Principal Place of Business
1104 N. COLLIER BOULEVARD
MARCO ISLAND FL 34145

Mailing Address
1104 N. COLLIER BOULEVARD
MARCO ISLAND FL 34145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
710 EAST ELKCAM CR.

3. Mailing Address
710 EAST ELKCAM CR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARCO Island, FL

City & State
MARCO Island, FL

4. FEI Number
59-3760395

Applied For
Not Applicable

Zip
34145

Country
USA

Zip
34145

Country
USA

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

GREUSEL, JAMIE B
C/O BARRY & GREUSEL
1104 N. COLLIER BOULEVARD
MARCO ISLAND FL 34145

Name
CATHERINE GORMAN

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

710 EAST ELKCAM Circle

City **MARCO Island** **FL** **Zip Code** **34145**

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.

SIGNATURE *Catherine Gorman* **CATHERINE GORMAN** **3/20/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **GREUSEL, JAMIE B**
STREET ADDRESS **1104 N. COLLIER BOULEVARD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

TITLE **CP** ☐ **Delete**
NAME **GORMAN, TIMOTHY M.**
STREET ADDRESS **931 MONTEGO CT.**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

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

TITLE **DS** ☐ **Delete**
NAME **GORMAN, CATHERINE B.**
STREET ADDRESS **931 MONTEGO CT**
CITY-ST-ZIP **MARCO Island, FL 34145**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine Gorman* **3/20/02** **941-394-3944**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)