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

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UD)  DOCUMENT # P02000062579  1. Entity Name TIKO LEASING, INC.					FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90636 037 ***150.00		
TINO LEA	KOHNU, HNO.						
Principal Place 2713 HAVERH CLEARWATER		<u>-</u>	Mailing Address 2713 HAVERHILL COURT CLEARWATER FL 33761				
2. Principal P	lace of Business		3. Mailing Address			-	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State City & State						4. FEI Number Applied For Not Applicable	
Zip -	(	Country	Zip	- Country -		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name an	d Address of Current	Registered Agent			7. Name and Address of New Registered Agent	ļ
SPIEGEL & UTRERA, P.A.					Name LARRY IWINNEY Street Address (P.O. BowNumber is Not Acceptable)		
1840 SW 22ND ST.				31161	Street Address (P.O. Box Number is Not Acceptable)		
4TH FLOOR					2713 Naverh, 11 Cx		
MIAMI FL 33145				City			
8. The above	named entity sy	omits this statement for	or the purpose of changing its	registered offic	e or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat	ions of register	agent					{
SIGNATURE	Signature, typed of pr	inted name of rigistered agent	and title if applicable (NOTE	: Registered Agent si	mature required	when reinstating > DATE	
<u> </u>		EE 19-8 150.00	and the il applicable. (NOTE	negistered Agent si	Gratore redused	witer felliscaling)	
After	May 1, 2003 F	ee will be \$550.00 orida Department o	f State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10.	rayable to Fi	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ì
TITLE	PSTD		□ Delete	TITLE		Change Addition	02)
NAME	TWINNEY, LA			NAME			(10/02)
STREET ADDRESS CITY-ST-ZIP.	2713 HAVERI CLEARWATE	HILL COURT		STREET ADDRE	SS		
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indicated of the corp changed,	ertify that the info on this report or poration or the re or on an attachn	ornation supplied with supplemental report s ceiver or trustee emp nent with an address,	n this filling does not quality for strue and accurate and that m owered to execute this report a with all other like empowered.	tne exemption by signature sha as required by (	stated in Sec ill have the s Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if	

Date

Daytime Phone #