2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/5/2003-90115-032-$550.00-$550.00

03 SEP 30 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001513 AV

DOCUMENT # P02000076018

1. Entity Name
BLUE HILL LEASING INC.

Principal Place of Business
2303 TUSCARORA TRAIL
MAITLAND FL 32751

Mailing Address
2303 TUSCARORA TRAIL
MAITLAND FL 32751

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
61 Ellsworth	61 Ellsworth
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Blue Hill Maine	City & State: Blue Hill Maine
Zip: 04614 Country: Hancock	Zip: 04614 Country: USA

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BENNETT, DANA A
2303 TUSCARORA TRAIL
MAITLAND FL 32751

7. Name and Address of New Registered Agent
Name: Dana A. Bennett
Street Address (P.O. Box Number is Not Acceptable): 2303 Tuscarora Tr
City: Maitland FL Zip Code: 32751

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
President	Dana A. Bennett	2303 Tuscarora Tr	Maitland, Fl 32751	☐ Delete
V.P. - Sec. - Tres.	Gayle Bennett	61 Ellsworth Rd	Blue Hill Me 04614	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED [signature] 9-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)