

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

03-14-2003 90053 030 ***150.00
05-16-2003 90174 009 ***550.00

DOCUMENT # P02000086666



1. Entity Name
WORLD CHARTER LEASING COMPANY

Principal Place of Business
**3560 S. OCEAN BLVD., UNIT 701
SOUTH PALM BEACH FL 33480**

Mailing Address
**3560 S. OCEAN BLVD., UNIT 701
SOUTH PALM BEACH FL 33480**



2. Principal Place of Business
3560 S. Ocean Blvd.

Suite, Apt. #, etc.
Unit 701

City & State
South Palm Beach, FL.

Zip
33480

Country
USA

3. Mailing Address
3560 S. Ocean Blvd.

Suite, Apt. #, etc.
Unit 701

City & State
South Palm Beach, FL.

Zip
33480

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
32-0062353

Applied For
☐ Not Applicable

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

**LAZZARA, JOHN R
3560 S. OCEAN BLVD., UNIT 701
SOUTH PALM BEACH FL 33480**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | PD LAZZARA, JOHN R 3560 S. OCEAN BLVD., UNIT 701 SOUTH PALM BEACH FL 33480 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-103

Date

708-428000

Daytime Phone #

CR2034 (10/02)