2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000105023

1. Entity Name

LISENBY LEASING COMPANY



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90966 005 ***150.00

| | | | | GOO WE IND | | | | | |
|---|--|---------------------------------|---------------------|--|------------------------------|---|-------------------|------------------------|------------|
| Principal Place of Business Mailing Address 1095 W. MORSE BOULEVARD 1095 W. MORSE BOULE WINTER PARK FL 32789 WINTER PARK FL 32789 | | | | | | | | | |
| | | | | | | | | | |
| 2. Principal Place of Bu | siness | 3. Mailing Address | | | ─ | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | 4. FEI Numi | oer 01-0745759 | 45759 Applied Fo | | lied For Applicable | |
| Zip | Country | _Zip | Country. بر | مين ۽ | 5. Certificat | e of Status Desired | \$8.75 Fee Rec | | ional |
| 6. Nar | ne and Address of Current | Registered Agent | | | 7. Name an | d Address of New Registe | ered Agent | | |
| | | | | Name SCHULTZ, KENNETH H | | | | | |
| NEUKAMM, MICHAEL E 301 E. PINE STREET | | | - | Street Address (P.O. Box Number is Not Acceptable) 1095 W. MORSE BOULEVARD | | | | | |
| 301 E. PINE STREI SUITE 1400 | EI 🐍 | | - | | 75 W. 11010 | DE DOUBLYMED | ···· | | |
| OBLANDO EL BORGA | | | | City 7 to Codes | | | | | |
| | | | | City WINTER PARK FL 232789 | | | | | |
| The above named entitle obligations of reg | tity submits this statement for istered agent. | r the purpose of changing | its registeren | office or regist | tered agent, or b | otn, in the state of Florida. | ram ramiliar v | willi, ai | па ассері |
| SIGNATURE Signature, typ | ed or printed name of registered agent | and title if applicable. (No | IOTE: Registered A | gent signature requi | ired when reinstating) | 714 | DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | | May Be to Fees | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | S/CHANGES TO OFFICERS | AND DIREC | TORS | IN 11 |
| TITLE D | IZ, KENNETH H | ☐ Delete | TITLE | | | | Cha | nge | ☐ Addition |
| | . MORSE BOULEVARD | | NAME STREET | ADDRESS | • | | | | |
| | PARK FL 32789 | | CITY-S | r-ZIP | | | | | |
| TITLE D | | ☐ Delete | TITLE | | | ****** | ☐ Cha | inge | ☐ Addition |
| | , Terry W . Morse Boulevard | | NAME | ADDRESS | | | | | |
| | PARK FL 32789 | المستعددية والمحتصليون المتداني | CITY_S | į. | | | | - | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Cha | inge | Addition |
| NAME | | | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET CITY - S' | ADDRESS 1-zip | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Cha | ınge | 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.

Kenneth Schultz

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNAL RUNE OUIR [Secretary/Treasurer

☐ Delete

☐ Delete

04/02/03

407-645-3211

Date

Daytime Phone #

Change

Change

Addition

☐ Addition