**FILED** 

## 2003 FOR PROFIT CORPORATION

Aug 21, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P02000108786 DOCUMENT # 1. Entity Name 08-21-2003 90106 004 \*\*\*550.00 R. T. LEASING CORPORATION Principal Place of Business Mailing Address 15 BARRACUDA LN 15 BARRAGUDA LN KEY LARGO FL 99037. KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address warson Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State ty & State 4. FEI Number Applied For Not Applicable MD Zip Country Country \$8.75 Additional 5. Certificate of Status Desired - U S A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMES, TIMOTHY N Street Address (P.O. Box Number is Not Acceptable) 99198 OVERSEAS HWY STE 8 KEY LARGO FL 33037 City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete Change TITI F TITLE ☐ Addition Terry, Richard T. TERRY, RICHARD NAME NAME 14 BARRACUDA LN STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-7IP Vice President ☐ Change Addition TITLE Delete TITLE NAME NAME Terry, martha STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information purate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing d indicated on this report or supplemental report is true and ac of the corporation or the receive changed, or on an attachmer

SIGNATURE:

Daytime Phone #