

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90735 024 \*\*\*150.00

DOCUMENT # **P02000116476**

1. Entity Name

**EQUITY LEASING FINANCE II, INC.**



**DO NOT WRITE IN THIS SPACE**

**90120027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

**#101**

Suite, Apt., etc.

**SAME**

City & State

**BRAVANTON, FLA.**

City & State

Zip

**34209**

Country

**USA**

Country

4. FEI Number

**141853196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**CALVERT COURTNEY**

Street Address (P.O. Box Number is Not Acceptable)

**2202 - G ST. W**

City

**PALMETTO**

FL

Zip Code

**34221**

**DO NOT WRITE  
IN THIS SPACE**

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]**

**4-28-03**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>DOS</b>
NAME	<b>CALVERT COURTNEY</b>
STREET ADDRESS	<b>2202 - G ST. W</b>
CITY - ST - ZIP	<b>PALMETTO, FL 34221</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**[Signature]**

**4-28-03**

Date

Daytime Phone #

**941-750-8767**

CR-00000000 (12/03)