## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P02000128856

1. Entity Name

LEASETIME INC

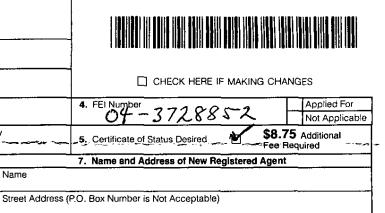
Principal Place of Business Mailing Address 6972 HAMMOCK TRACE DRIVE 6972 HAMMOCK TRACE DRIVE MELBOURNE FL 32940 MELBOURNE FL 32940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

**FILED** Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90421 001 \*\*\*\*\*8.75 04-03-2003 90421 002 \*\*\*150.00



MORRIS, MARJORIE D 6972 HAMMOCK TRACE DRIVE MELBOURNE EL 32940

10.

	City	Zip Code
<ol><li>The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.</li></ol>	d office or registered agent, or both, in the State of Florida. I ar	n familiar with, and accept

Name

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

ভ 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.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

☐ Change ■ Addition TITLE ☐ Delete TITLE NAME MORRIS, CHARLES L JR NAME STREET ADDRESS STREET ADDRESS 6972 HAMMOCK TRACE DRIVE CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940** TITLE ☐ Delete TITLE Change Addition NAME MORRIS, MARJORIE D NAME STREET ADDRESS STREET ADDRESS 6972 HAMMOCK TRACE DRIVE CITY-ST-ZIP\_ MELBOURNE FL 32940 .--CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition CIAME 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 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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:

CHARLES L. MIRRIS JR