

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P02307**

1. Entity Name

DADE LEASE MANAGEMENT, INC.**FILED**
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90227 033 ***550.00

UBR-2002 A1

Principal Place of Business

**100 MISSION RIDGE
GOODLETTSVILLE TN 37072**

Mailing Address

**100 MISSION RIDGE
GOODLETTSVILLE TN 37072**

00120000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3299691

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
TURNER, CAL JR
100 MISSION RIDGE
GOODLETTSVILLE TN 37072** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CARPENTER, BOB
100 MISSION RIDGE
GOODLETTSVILLE TN 37072** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
HAGAN, JAMES
100 MISSION RIDGE
GOODLETTSVILLE TN 37072** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SANDERSON, RANDY
100 MISSION RIDGE
GOODLETTSVILLE TN 37072** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DOF
PORTER, MIKE
100 MISSION RIDGE
GOODLETTSVILLE TN 37072** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SMITH, WADE
100 MISSION RIDGE
GOODLETTSVILLE TN 37072** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President and COO
Donald S. Shaffer
100 Mission Ridge
Goodlettsville, TN 37072** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President and Controller
Robert A. Lewis
100 Mission Ridge
Goodlettsville, TN 37072** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Lewis 6-12-02 (615) 855-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)