

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20715

1. Entity Name
TELALEASING ENTERPRISES, INC.



FILED

04 MAY 28 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10120 WINDHORST RD
TAMPA FL 33619
US

Mailing Address
10120 WINDHORST RD
TAMPA FL 33619
US

2. Principal Place of Business
200 PUBLIC SQUARE

3. Mailing Address
200 PUBLIC SQUARE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 700

SUITE 700

City & State
Cleveland, Ohio

City & State
CLEVELAND, OHIO

Zip Country
44114 OH

Zip Country
44114 OH

☐ CHECK HERE IF MAKING CHANGES

MRD

4. FEI Number 37-0862688

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEMS
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

REINSTATEMENT 03-04

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. I am familiar with, and accept the obligations of registered agent.

Brian Courtney
Asst. V. Pres.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RENARD, BRUCE W
STREET ADDRESS 10120 WINDHORST ROAD
CITY-ST-ZIP TAMPA FL 33619 ☒ Delete

TITLE SECRETARY
NAME TAMMY L MARTIN
STREET ADDRESS 200 PUBLIC SQUARE STE. 700
CITY-ST-ZIP CLEVELAND, OHIO 44114 ☐ Change ☒ Addition

TITLE T
NAME BENDESKY, MARC S
STREET ADDRESS 10120 WINDHORST ROAD
CITY-ST-ZIP TAMPA FL 33619 ☒ Delete

TITLE TREASURER
NAME DON PALIWODA
STREET ADDRESS 200 PUBLIC SQUARE STE. 700
CITY-ST-ZIP CLEVELAND, OHIO 44114 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE CEO
NAME WOODY McHARR
STREET ADDRESS 200 PUBLIC SQUARE STE. 700
CITY-ST-ZIP CLEVELAND, OHIO 44114 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donato Paliwoda-Treas. 12/16/13

Date

Daytime Phone #

CR2E034 (10/02)