

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30842

1. Entity Name

LEASECOM SALES & SERVICES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90388 010 ***150.00

Principal Place of Business

Mailing Address

TWO UNIVERSITY PLAZA
SUITE 111
HACKENSACK NJ 07601
US

TWO UNIVERSITY PLAZA
SUITE 111
HACKENSACK NJ 07601
US

80056491



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 W. Passaic Street

3. Mailing Address
201 W. Passaic Street

Suite, Apt. #, etc.
Suite 302

Suite, Apt. #, etc.
Suite 302

City & State
Rochelle Park, NJ

City & State
Rochelle Park, NJ

4. FEI Number 11-2882364

Applied For
Not Applicable

Zip
07662

Country
USA

Zip
07662

Country
USA

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MCCANLESS, GEORGE R.
257 EDGEWOOD RD
FRANKLIN LAKES NJ ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THOMPSON, BRUCE H.
35 BRANDYWINE ROAD
HOHOKUS NJ ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CURRY, E. WAYNE
317 PAUL COURT
WYCKOFF NJ ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Wayne Curry

4/30/01

Date

(201) 843-5505

Daytime Phone #

CR2E034 (10/00)