


FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 91297 044 ***150.00

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

DOCUMENT # P40458 1. Entity Name Vicom Leasing Company	
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55041733

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 4634 N Florida Ave. Ste. A Tampa, FL 33603	3. Mailing Address Suite, Apt. #, etc. 4634 N Florida Ave. Ste. A Tampa, FL 33603
City Tampa	City & State Tampa, FL
Zip 33603	Country

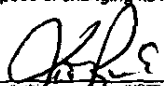
4. FEI Number 161421975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent Name MARK RUANE Street Address (P.O. Box Number is Not Acceptable) 4634 N. FLORIDA AVE SUITE A City TAMPA FL 33603
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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.

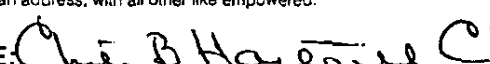
SIGNATURE **MARK RUANE**  DATE **5/13/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

January 1 - May 11 Fee is \$150.00 After May 11 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Christine B. Hartnett 812 Halliwood Ave. Temple Terr, FL 33617-4234	TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE
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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: **Christine B Hartnett**  DATE **5/13/03** Daytime Phone # **813-232-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

DOCUMENT # **P40458**1. Entity Name
VICOM LEASING COMPANY

Principal Place of Business

**13654 NO 12TH ST
STE 4
TAMPA FL 33613
US**

Mailing Address

**13654 NO 12TH ST
STE 4
TAMPA FL 33613
US**

2. Principal Place of Business

Suite, Apt. #, etc.

4634 N. Florida

City & State

Tampa FL

Zip

33603

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33603

Country

USAAttachment # **P40458**
55041733

DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1421975

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RUANE, MARK**13654 N 12TH STREET STE 4
TAMPA FL 33613**

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 **MARK RUANE**

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

(NOTE: Registered Agent signature required when reinstating)

4/19/02
DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐**FIVE YEAR TERM \$150.00
After May 1, 2002 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

TITLE	V	<input type="checkbox"/> Delete
NAME	RUANE, MARK	
STREET ADDRESS	612 HALLIEWOOD AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARTNETT, CHRISTINE	
STREET ADDRESS	61 HALLIEWOOD	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SMITH, LYNN H., ESQ.	
STREET ADDRESS	500 PLUM STREET, #600	
CITY-ST-ZIP	SYRACUSE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)