

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90204 048 ***150.00

DOCUMENT # P93000024065

1. Entity Name
H-QUAD LEASING CORP.



Principal Place of Business
2510 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207
US

Mailing Address
C/O MYROSLAW SMORODSKY PA
477 ORIENTAL WAY STE LLC
RUTHERFORD NJ 07070
US



2. Principal Place of Business

2001 W. Kennedy Blvd
Suite, Apt. #, etc.

3. Mailing Address

C/O MYROSLAW SMORODSKY
477 ORIENTAL WAY, Suite LLC
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
TAMPA FL

Zip
33606

Country
US

City & State

RUTHERFORD NJ

Zip
07070

Country
US

4. FEI Number **59-3197535**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANLEY, WILLIAM K
2001 W. KENNEDY BLVD.
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name **DONALD HANLEY**
Street Address (P.O. Box Number is Not Acceptable)
2001 W. Kennedy Blvd.
City **TAMPA** **FL** **Zip Code** **33606**

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

Signature, typed or printed name of registered agent, 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HANLEY, WILLIAM K	
STREET ADDRESS	7 SHEPARD ROAD	
CITY-ST-ZIP	WARWICK NY 10090	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HANLEY, DONALD	
STREET ADDRESS	126 HACKETT PLACE, APT. 203A	
CITY-ST-ZIP	RUTHERFORD NJ 07070	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COLIN B. HANLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	27 FRANKLIN AVENUE	
STREET ADDRESS	WALLINGTON, NJ 07057	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 **COLIN B. HANLEY** **2/11/03** **201-567-4500**
Date **Daytime Phone #**

CR2E034 (10/02)