

# 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**  
Suite, Apt. #, etc.  
**477 ORIENT WAY, Suite LLC**

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

(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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HANLEY, WILLIAM K</b>	
STREET ADDRESS	<b>7 SHEPARD ROAD</b>	
CITY-ST-ZIP	<b>WARWICK NY 10090</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HANLEY, DONALD</b>	
STREET ADDRESS	<b>126 HACKETT PLACE, APT. 203A</b>	
CITY-ST-ZIP	<b>RUTHERFORD NJ 07070</b>	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COLIN B. HANLEY</b>	
STREET ADDRESS	<b>27 FRANKLIN AVENUE</b>	
CITY-ST-ZIP	<b>WALLINGTON, NJ 07057</b>	
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		

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: **COLIN B. HANLEY** 2/11/03 201-567-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)