

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90071 044 ***150.00

DOCUMENT # **P93000033360**

1. Entity Name

Leasing Concepts, Inc. #1

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8841 W. Terry St.

Suite, Apt. #, etc.

3. Mailing Address

8841 W. Terry St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs FL

City & State
Bonita Springs FL

4. FEI Number

59-3183630

Applied For

Not Applicable

Zip
34135

Country
USA

Zip
34135

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Casey Patrick E. Esq.

Street Address (P.O. Box Number is Not Acceptable)

9240 Bonita Beach Rd

Suite 2209

City

Bonita Springs

FL

Zip Code

34135

**DO NOT WRITE
IN THIS SPACE**

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

N/A

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PVST
Barrett, W. Thomas
8841 W. Terry St
Bonita Springs, FL 34135**

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 239-947-7747

CR2E034B (12/01)