

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

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

02-14-2003 90228 011 \*\*\*150.00

DOCUMENT # *P93000070880*

1. Entity Name

SBA Leasing, Inc.



**DO NOT WRITE IN THIS SPACE**

**90027074**

2. Principal Place of Business  
5900 Broken Sound Parkway NW

Suite, Apt. #, etc.

3. Mailing Address  
5900 Broken Sound Parkway NW

Suite, Apt. #, etc.

Attn: Legal Dept.

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

4. FEI Number  
65-0444550

Applied For  
Not Applicable

Zip  
33487

Country  
USA

Zip  
33487

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name  
Corporation Service Company

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

1201 Hays Street

City  
Tallahassee

FL

Zip Code  
32301

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2003

Date

561-995-7670

Daytime Phone #

CR2E034B (12/02)

Attachment

90027074

P930000 70880

**DIRECTORS AND OFFICERS OF SBA LEASING, INC.**

Name	Address	Title
Kurt Bagwell	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Senior Vice President Chief Operating Officer Assistant Secretary
Theresa Nick Breskin	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Assistant Secretary
Jack Fiedor	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Accounting Officer Vice president Assistant Secretary Assistant Treasurer
Thomas P. Hunt	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Senior Vice President General Counsel Secretary Treasurer
Pamela J. Kline	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Vice President Assistant Secretary Assistant Treasurer
John Marino	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Financial Officer Senior Vice president Assistant Treasurer Assistant Secretary Director
Jason Silberstein	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Vice President
Jeffrey A. Stoops	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Executive Officer President Assistant Secretary Assistant Treasurer Director