

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91567 033 \*\*\*150.00

**DOCUMENT # P93000076160**

1. Entity Name  
**NATIONAL CREDIT LEASING SERVICES, INC.**

Principal Place of Business

**100 E. LINTON BLVD.  
 SUITE 303A  
 DELRAY BEACH FL 33483**

Mailing Address

**100 E. LINTON BLVD.  
 SUITE 303A  
 DELRAY BEACH FL 33483**

2. Principal Place of Business

**1301 W. BOYNTON BEACH BLVD.**

3. Mailing Address

**1301 W. BOYNTON BEACH BLVD.**

Suite, Apt. #, etc.

**UNIT 0-1**

Suite, Apt. #, etc.

**UNIT 0-1**

City & State

**BOYNTON BEACH FL**

City & State

**BOYNTON BEACH FL**

Zip

**33426**

Country

**USA**

Zip

**33426**

Country

**USA**

4. FEI Number

**11-2981455**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CORVINO, CATHERINE**

**100 E. LINTON BLVD.**

**SUITE 303A**

**DELRAY BEACH FL 33483**

Name

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

**1301 W. BOYNTON BEACH BLVD.**

**UNIT 0-1**

City

**BOYNTON BEACH**

**FL**

Zip Code

**33426**

7. Name and Address of New Registered Agent

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 **CATHERINE CORVINO**

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

*Catherine Corvino*

(NOTE: Registered Agent signature required when reinstating)

**4/16/2002**

Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$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 **VP** ☐ Delete  
 NAME **CORVINO, CATHERINE**  
 STREET ADDRESS **3577 CAPTAINS WALK**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **P** ☐ Delete  
 NAME **CORVINO, GARY A**  
 STREET ADDRESS **3577 CAPTAINS WALK**  
 CITY-ST-ZIP **DELRAY BCH FL 33483**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1301 W. BOYNTON BEACH BLVD. UNIT 0-1**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1301 W. BOYNTON BEACH BLVD. UNIT 0-1**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**CATHERINE CORVINO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Catherine Corvino*

**4/16/2002**

Date

**561-274-8055**

Daytime Phone #

CR2E034 (9/01)