

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90137 037 ***150.00

0419669 AV

DOCUMENT # P94000059413

1. Entity Name

TTC LEASING AND MANAGEMENT, INC.

Principal Place of Business

**201 E. KENNEDY BLVD. #1407
 SUITE 1407
 TAMPA FL 33602
 US**

Mailing Address

**201 E. KENNEDY BLVD.
 SUITE 1407
 TAMPA FL 33602
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1107 E. JACKSON ST

3. Mailing Address

1107 E. JACKSON ST

Suite, Apt. #, etc.

#106

Suite, Apt. #, etc.

#106

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. FEI Number

59-3311465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JACOBSON, RICHARD A
 501 E. KENNEDY BLVD.
 SUITE 1700
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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) ☐

**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 **C** ☐ Delete
 NAME **LANGER, PETER**
 STREET ADDRESS **334 E. LAKE RD. 288**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **P** ☐ Delete
 NAME **KRASNE, MADELEINE**
 STREET ADDRESS **6710 MYRNA DRIVE**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CR2E034 (9/01)

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: MADELEINE H. KRASNE **4/29/02** **813 222 8972**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #